DOCUMENT RESUME

ED 287 240	EC 200 545

AUTHOR	McCullagh, James G., Ed.; McCullagh, Cheryl A., Ed.
TITLE	School Social Work Interventions with Behaviorally Disordered Children: Practical Applications of Theory.
INSTITUTION	Iowa State Dept. of Education, Des Moines. Div. of Instructional Services.
PUB DATE	87
NOTE	319p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC13 Plus Postage.
DESCRIPTORS	Administration; Agency Cooperation; *Behavior Disorders; Elementary Secondary Education; Family Counseling; Group Counseling; Interpersonal Competence; *Intervention; Parent Counseling; Preschool Education; *School Counseling; *School Social Workers; Social Support Groups; *Social Work; Theory Practice Relationship; Trend Analysis
IDENTIFIERS	Iowa

ABSTRACT

The handbook, intended for school social workers and related services personnel in Iowa who work with behavior disordered students, consists of 21 papers organized into four sections. The first section provides an orientation to behavior disorders in two papers: "Behavioral Disorders in Iowa--An Overview" (Carl R. Smith and Jeff Grimes); and "Behavioral Disorders--An Empirical Approach for Social Workers in Schools" (Paula Allen-Meares). The second section focuses on intervention in seven papers: "Systematic Observation of Students for the School Social Worker" (Catherine Nelles Moon); "Task-Centered Treatment with Behaviorally Disordered Students" (Kate McElligatt); "A Social Systems Model for Short-Term Counseling Intervention with Individual Behaviorally Disordered Students" (C. Joan Heifner); "Administrative Intervention--Procedures for Working with Disruptive Students" (John C. Downs and Donald D. Black); "Intervention by Prescription in the Preschool--A Preventive Model" (Cheryl A. McCullagh); "Services to Families of Young Behaviorally Disordered Children" (Charlene Struckman); and "School Social Work Interventions with Families--Problems and Prospects" (Kyle V. McCard). The third section examines group services in six papers: "Group Work in the Schools" (Marvin Bryce and Phil Piechowski); "Teaching Social Skills to Behaviorally Disordered Students" (Steven C. Heer); "Social Clubs for Behaviorally Disordered Students" (Mary Lee Waggoner); "The Effectiveness of Parent Groups" (Robert J. Gallagher); "Making Parent Support Groups Work for Behaviorally Disordered Students" (Alvin J. Flieder); and "Supportive Services to Parents of Autistic Children in Local Communities" (Sarah F. Messmer). The fourth section looks at changing trends in six papers: "Using Coordination to Maximize Services--A Multi-Agency and Case Management Approach" (Ronda Parks Armstrong); "Multi-Agency Planning for Behaviorally Disordered Students" (Richard A. Rosenkrans); "The School Social Work Practitioner as Researcher" (James G. McCullagh); "Practitioner Interventions at the National Level" (Isadora Hare); "Revitalizing School Social Work--Conserving Energy and Expanding Services to Children with Behavioral Disorders" (Barbara E. Jacobsen); and "School Social Work Services--A Look Toward the Future" (I. Lorraine Davis). (DB)

8238

ED287240

School Social Work Interventions with Behaviorally Disordered Children: Practical Applications of Theory

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Dean Crocker

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

State of Iowa
Department of Education

BEST COPY AVAILABLE

SCHOOL SOCIAL WORK INTERVENTIONS WITH BEHAVIORALLY DISORDERED CHILDREN: PRACTICAL APPLICATIONS OF THEORY

Editors

James G. McCullagh
University of Northern Iowa
Department of Social Work
Cedar Falls, Iowa

Cheryl A. McCullagh
Area Education Agency 7
Cedar Falls, Iowa

IOWA DEPARTMENT OF EDUCATION

Published by
The State of Iowa
Des Moines 50319-0146

1987

EC 200 545

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Special Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

STATE BOARD OF EDUCATION

Lucas J. DeKoster, President, Hull
Dianne L.D. Paca, Vice President, Garner
Betty L. Dexter, Davenport
Thomas M. Glenn, Des Moines
Karen K. Goodenow, Wall Lake
Francis N. Kenkel, Defiance
John Moats, Council Bluffs
Mary E. Robinson, Cedar Rapids
Harlan W. Van Gerpen, Cedar Falls

ADMINISTRATION

Robert D. Benton, Director and Executive Officer
of the State Board of Education
Mavis Kelley, Administrative Assistant
James E. Mitchell, Deputy Director

Division of Instructional Services

Carol McDanolds Bradley, Administrator
J. Frank Vance, Chief, Bureau of Special Education
Richard E. Fischer, Assistant Bureau Chief
Jim Clark, Consultant, School Social Work Services

FOREWORD

Concerns regarding elementary and secondary education today increasingly focus as much on managing students' behavior as on curriculum and instructional techniques. Indications are clear that instructional methods and tools can be effective if the student's behavior permits the instructional process to take place.

This handbook represents the diversity of school social work services that are provided to behaviorally disordered students in an effort to prevent, identify and resolve the social, emotional, and behavioral forces that interfere with learning. Working to coordinate the efforts and resources of home, school and the community, school social workers are in a uniquely advantageous position to bring this array of services to the behaviorally disordered student.

We are extremely pleased that this handbook has been developed and hope that it will be helpful in providing the best of services to the behaviorally disordered student.

Richard Fischer Assistant Bureau Chief Bureau of Special Education	Jim Clark, Consultant School Social Work Services Bureau of Special Education

PREFACE

School social work practice in Iowa is dynamic, exciting, and changing to meet the needs of students, families, school systems, and communities. This handbook reflects some current thinking of school social work practitioners as they intervene with students, groups of students and parents, families, and as they join forces with others to serve the behaviorally disordered student more effectively.

The papers in this handbook are primarily designed for school social workers but will be useful to other related services personnel, teachers, administrators, and members of school boards. Parents whose children are behaviorally disordered will also find this handbook helpful, because they will better appreciate the diverse range of services that school social workers can provide. As the readings indicate, school social workers utilize a variety of modalities to serve the behaviorally disordered child and his or her parents. In addition, school social workers have joined forces to connect a variety of agencies with one another in the community in order to coordinate services with and through the school for this population.

School social work is one component of a larger profession of social workers, all of whom are brought together by the National Association of Social Workers and its state chapters. In addition, school social workers may be affiliated with the Iowa School Social Workers Association and other organizations that work on behalf of children with special education needs. These organizations are unifying forces for the profession and direct concern and activities of the school social worker to issues and policies at the community, state, and national levels. While it is well known that practice can shape policy, it is equally obvious that policy can shape practice. This was made evident with the passage of P.L. 94-142, The Education for all Handicapped Children Act of 1975. This law and its implementing regulations have shaped the role of the Iowa school social worker in the 1970s and 1980s. School social workers not only work with individuals, families, school personnel, and communities, but also address law and policy issues to ensure the basic premise that all children receive a free and appropriate public education.

The handbook consists of 21 papers organized into four sections. The first section, "Orientation to Behavioral Disorders", includes two papers. The first orients the reader to the historical background and current definition of behavioral disorders in Iowa. The second paper offers an ecological-systems framework and suggests a variety of interventions appropriate to the behaviorally disordered population. Section 2, consisting of seven papers, primarily focuses on intervention with individual students and families. Section 3 goes beyond intervention with individuals and families to the group, be it a classroom group, a parent education group, support groups for parents, or groups of students who meet outside of the schools. The fourth section, "Effecting Change at the Local, State, and National Levels: Interventions for the Present and the Future", is concerned with effective coordination of services, the need for school social workers to address larger systems, and methods for school social workers to engage in a variety of activities in order to influence change at the state and national levels. The last paper in this handbook focuses on the potential for school social work practice in the 1990s. Strategies for change to achieve future goals for school social work services are proposed.

-J.G.M.

ACKNOWLEDGMENTS

Creating a handbook such as this requires generous amounts of cooperation, determination and dedication. That such people came together on two committees over 2 years to do so may be no more noteworthy than the daily efforts of hundreds of school social workers who have chosen to mediate the educational system on behalf of youth in this country. Nonetheless, those of us who worked on this project feel fortunate to have assembled the commitment to a shared vision that resulted in the product you are now reading.

The idea for this handbook was born during a school social work supervisors' meeting held in Ames, Iowa, during March, 1984. The Iowa Assessment Model in Behavioral Disorders: A Training Manual was underway. It seemed fitting that school social workers generate an intervention handbook as a companion document, because they are very involved in providing intervention services for behaviorally disordered pupils.

Richard Fischer, Assistant Bureau Chief, Bureau of Special Education, Iowa Department of Education, (DE), responded supportively, as he had done many times previously, to the idea which he judged to be in the best interests of our discipline statewide. Ronda Armstrong, then DE school social work consultant, made time on the agenda for further planning. A grant proposal was drafted, and Al Flieder (Grant Wood AEA 10), Lynne Staker (AEA 7) and John Anderson (Keystone AEA 1) established dates to meet the following summer when the planning phase would begin.

By August, 1984, the planning grant was approved and Phase I began, with leadership shared among all committee members: Don Hall (Heartland AEA 11), Bill Gibbs (Keystone AEA 1), Lynne Staker and Charlene Struckman (AEA 7) and Al Flieder. In 3 days this group laid plans for Phase II, including handbook purpose, table of contents, budget, and grant application. Potential contributors were sought and a literature search was begun. Dr. Jim McCullagh, of the University of Northern Iowa's Department of Social Work, supported our efforts by critiquing our work and generously sharing his archive of school social work literature.

Following approval of the Phase II grant, Charlene and Al met to identify the resources needed for the Central Committee, which was to see the project through the completion. A budget revision (the first one) was done and AEA 7 agreed to perform fiscal agent services. Pat O'Rourke, Assistant Director of Special Education for AEA 7, greatly assisted with the administrative and accounting requirements.

By fall, 1984, the Central Committee had been assembled, chaired by Sarah Messmer (Arrowhead AEA 5), whose energy and organizational skills contributed in large part to the handbook's completion. Cathy Nelles Moon (Heartland AEA 11), Bob Gallagher (Keystone AEA 1), Ronda Parks Armstrong, Charlene Struckman and Al Flieder completed the committee. Fortunately, we were all able to recruit Jim and Cheryl McCullagh (AEA 7) to be co-editors.

The Central Committee had 9 days, (summers, evenings, and weekends) over the next year to solicit contributors, revise the table of contents, review content of the articles, and approve the final manuscript to be presented to DE. Our new school social work consultant at DE, Jim Clark, assisted in the final production and distribution.

The standards of editorial excellence established by Jim and Cheryl McCullagh must be acknowledged as a crucial factor in the value of this handbook to readers. Their unique combination of school social work expertise and previous editorial experience secured the ambitious goal of linking theory to practice. Through their commitment to academic accuracy and clarity, an anthology emerged from the handbook. Jim and Cheryl's meticulous technical review of the articles, final organization of the writings, and authorship of the transitional passages that introduce each section eloquently speak for the time and patient attention they devoted to this project.

Beyond those people named above, we are particularly grateful to Pat Woelber, of the University of Northern Iowa, who typed many drafts of all the papers included in the handbook. Appreciation is also extended to the supportive secretarial staff, especially Judy Oeltjenbruns (AEA 7), as well as Vicki Carmer and Barb Blair (AEA 10).

Finally, the success of this project depended most on the willingness of contributors to write the papers you will read. The fact that so many undertook this task and produced the range and quality of articles that make up the handbook is a tribute to the dedication and creativity of school social workers.

Al Flieder
Sarah Messmer
Bob Gallagher
Cathy Nelles Moon
Charlene Struckman
Ronda Parks Armstrong

TABLE OF CONTENTS

Foreword.. iii

Preface... iv

Acknowledgments.. vii

SECTION ONE

THE LAW, PUBLIC EDUCATION, AND SCHOOL SOCIAL WORK................. 1

Behavioral Disorders in Iowa: An Overview
Carl R. Smith and Jeff Grimes..................................... 8

Behavioral Disorders: An Empirical Approach for Social Workers in Schools
Paula Allen-Meares.. 22

SECTION TWO

INTERVENTION: THE CHILD, THE FAMILY, AND SOCIAL SUPPORT NETWORKS.. 37

Systematic Observation of Students for the School Social Worker
Catherine Nelles Moon... 47

Task-Centered Treatment with Behaviorally Disordered Students
Kate McElligatt... 58

A Social Systems Model for Short-Term Counseling Intervention with Individual Behaviorally Disordered Students
C. Joan Heifner... 71

Administrative Intervention: Procedures for Working with Disruptive Students
John C. Downs and Donald D. Black................................. 82

Intervention by Prescription in the Preschool: A Preventive Model
Cheryl A. McCullagh... 93

Services to Families of Young Behaviorally Disordered Children
Charlene Struckman 113

School Social Work Interventions with Families: Problems and Prospects
Kyle V. McCard 128

SECTION THREE

GROUPS IN SCHOOL SOCIAL WORK: SERVICES FOR THE BEHAVIORALLY DISORDERED 138

Group Work in the Schools
Marvin Bryce and Phil Piechowski 147

Teaching Social Skills to Behaviorally Disordered Students
Steven C. Heer 164

Social Clubs for Behaviorally Disorderd Students
Mary Lee Waggoner 174

The Effectiveness of Parent Groups
Robert J. Gallagher 185

Making Parent Support Groups Work for Behaviorally Disordered Students
Alvin J. Flieder 205

Supportive Services to Parents of Autistic Children in Local Communities
Sarah F. Messmer 218

SECTION FOUR

EFFECTING CHANGE AT THE LOCAL, STATE, AND NATIONAL LEVELS: INTERVENTIONS FOR THE PRESENT AND THE FUTURE 227

Using Coordination to Maximize Services: A Multi-agency and Case Management Approach
Ronda Parks Armstrong 237

Multi-agency Planning for Behaviorally Disordered Students
Richard A. Rosenkrans 253

The School Social Work Practitioner as Researcher
James G. McCullagh 263

Practitioner Interventions at the National Level
Isadora Hare.. 272

Revitalizing School Social Work: Conserving Energy and Expanding Services to Children with Behavioral Disorders
Barbara E. Jacobsen... 284

School Social Work Services: A Look Toward the Future
I. Lorraine Davis... 296

SECTION ONE

THE LAW, PUBLIC EDUCATION, AND SCHOOL SOCIAL WORK

With the advent of Public Law 94-142, The Education for All Handicapped Children Act of 1975, the door was opened for social workers to become integral members of the team of educators and related service professionals who address the needs of special education students, their families and teachers. According to this federal law, providing a "free appropriate public education" [Sec. 601(c)]* may necessitate not only special education but also "related services" [Sec. 601(c)] in support of instructional components of the student's individualized program. Social workers provide individualized professional interventions that fall under the definition of the related "developmental, corrective, and other supportive services" [Sec. 602(17)] mandated by the law.

Social workers receive advanced eclectic training. The depth and breadth of social work knowledge and intervention capabilities uniquely prepare these professionals to intervene with behaviorally disordered children. The federal law and accompanying regulations recognize and support the types of professional activities in which social workers most frequently engage. P.L. 94-142 cites that "psychological services,...recreation,...and counseling services" [Sec. 602(17)] may be necessary to "assist a handicapped child to benefit from special education, and [these services may include] "the early identification and assessment of handicapping conditions in children" [Sec. 602(17)].

---

*References to sections of P.L. 94-142, federal regulations, and Iowa rules are cited in brackets. Sections pertaining to the law begin with a "6" (e.g., Sec. 602(17)). Sections referring to federal regulations are taken from 34 C.F.R. (Code of Federal Regulations), Part 300--Assistance to States for Education of Handicapped Children, as, for example (Sec. 300.13). Sections pertaining to Iowa rules are taken from Rules of Special Education, Chapter 12 (e.g., Sec. 12.3).

The federal regulations dictate that a child must be "assessed in all areas related to the suspected disability, including,...social and emotional status" [Sec. 300.532(f)]. The regulations also specify that "the term [related services]...includes...social work services in schools, and parent counseling and training" [Sec. 300.13(a)]. Related services are also referred to as "nonacademic services" in the regulations, but these are again defined to "include counseling services,... recreational activities, special interest groups or clubs sponsored by the public agency, [and] referrals to agencies which provide assistance to handicapped persons" [Sec. 300.306(b)]. Counseling services, according to the regulations, are those "services provided by qualified social workers" [Sec. 300.13(b)(2)], among others. Work with parents and families of handicapped children is a primary focus for the majority of school social workers on behalf of handicapped children. Such intervention is deemed significant enough to warrant expanded definition in the regulations as follows: "'Parent counseling and training' means assisting parents in understanding the special needs of their child and providing parents with information about child development" [Sec.

300(13)(b)(6)].

The federal regulations summarize school social work services specifically:

> 'Social work services in schools' include:
>
> (i) Preparing a social or developmental history on a handicapped child;
>
> (ii) Group and individual counseling with the child and family;
>
> (iii) Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and
>
> (iv) Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program. [Sec. 300(13)(b)(11)]

Furthermore, the federal regulations note that "each related service... may include appropriate administrative and supervisory activities that are necessary for program planning, management, and evaluation" [Sec. 300.13, comment].

"Seriously emotionally disturbed" children are among those whom the P.L. 94-142 regulations identify as handicapped children who need special education and related services. The term "seriously emotionally disturbed"

> means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
>
> (A) An inability to learn which cannot be explained by intellectual,sensory or health factors;
>
> (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
>
> (C) Inappropriate types of behavior or feelings under normal circumstances;
>
> (D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems. (300.5(b)(8)]

Schizophrenic children are included under this definition. Socially maladjusted children are not included "unless it is determined that they are seriously emotionally disturbed" [Sec. 300.5(b)(8)(ii)].

In Iowa the term "behavioral disorders" has been used since July, 1983, when this term replaced "emotional disabilities" and "chronically disruptive". Smith and Grimes, in their paper "Behavioral Disorders in Iowa: An Overview", trace the etiology of the present Iowa definition of behavioral disorders as the national law has been translated and implemented in the state. They explain in detail and give rationale for the four basic classification areas of these disorders and the process by which these disorders are identified in children.

The Iowa definition of behavioral disorders focuses on behavioral characteristics or conditions which are situationally deviant enough to interfere significantly with a child's age-appropriate learning, interpersonal relationships, or personal adjustment [Sec. 12(3)]. The student's interaction with the environment is the key which unlocks the diagnostic puzzle and helps education professionals to formulate effective interventions for behaviorally disordered children. The collection and analysis of relevant student behavioral data, as detailed in the Smith and Grimes chapter, become critical in determining a child's classification as behaviorally disordered. Such data is gathered primarily from the environments of school and home.

It is evident that school social workers are in a unique position to provide pivotal diagnostically relevant information and interventions on behalf of children who are behaviorally disordered. This has been articulated in the Iowa Rules of Special Education, which defines the role of the school social worker as follows:

> 'School social worker' enhances the educational programs of pupils requiring special education by assisting in identification and assessment of the pupils' educational needs including social, emotional, behavioral and adaptive needs; provides intervention services including individual, group, parent and family counseling; provides consultation and planning; and, serves as liaison among home, school and community. [Sec. 12.25(3)(j)]

Social workers view the individual within the context of environment and interpret behavior as resulting from this combination. Allen-Meares, in her paper "Behavioral Disorders: An Empirical Approach for Social Workers in Schools", examines behavioral disorders as defined by the ecological systems from which they emerge. She illuminates the importance of understanding the interplay of psychosocial forces and transactions within the individual's milieu. A comprehensive approach to assessment is urged so that behavior problems may be diagnosed accurately and interventions may be targeted appropriately. A wide range of intervention possibilities is discussed. It is always understood that the individual impacts the system and that the environment affects the individual in an interrelated manner.

The social worker's goal is to help facilitate a "fit" between the individual and the environment. At that critical juncture the student begins to learn more effectively, interpersonal relationships improve, and personal adjustment is enhanced. The social worker is prepared to respond to both individual and system needs and to help synchronize those sometimes divergent needs toward common goals. Once this has occurred, change takes place more readily. Social workers are trained to influence social change and system change, as well as adaptive growth in the individuals who reside within those ecological systems. Sometimes the social worker's skills are directed toward helping the system itself to change as the individual's needs become more clearly understood. Such ecological systems may include families, school classrooms, school systems, peer groups, and the community in general.

To summarize, school social work activity on behalf of behaviorally disordered students and their families may include assessment, intervention with the individual student and family, group work, consultation, administrative activity, supervision, efforts to impact social policy, advocacy, social action, community organization, as well as liaison work with other human service agencies and resource groups in the community. Basically, all professional activity is educational in nature and directed toward altering the relationships of human beings and the systems in which they function. Change takes place by means of the worker-client relationship. The "client" may be the child, the family, the teacher, the school system, or even the community, depending on the need that is presented. Social workers have been trained to search out and detect resources and strengths within individuals and their ecological systems and to link the expressed need with those resources. Social work expertise relies greatly on training in various treatment modalities where communication becomes a practiced art as well as a science.

School social workers are an integral component of our public education system. Membership within the education community became sanctioned as concerned educators and social workers responded together to the psychosocial needs of students within their care. Social workers approached the educational system from the "outside" and offered specific expertise. Educators called upon social workers to join them as both professions began to identify similar goals.

Social workers view the human organism as ever-changing and developmentally dynamic. All institutions, systems, ecologies, environments, or milieus are related directly to human growth--physical, social, psychological, and spiritual--and inevitably must change. The complexity of the interplay between individuals and such ecological systems involves every action and reaction that is possible. The result leaves us with profound hope.

-C.A.M.

BEHAVIORAL DISORDERS IN IOWA: AN OVERVIEW*

Carl R. Smith and Jeff Grimes

ABSTRACT: The 1983 change in the Iowa definition of behavioral disorders came at a time when the identification process for such students was also changing. A gradual shift had occurred from decisions being made by a clinical psychologist or psychiatrist, to decisions being made by a multi-disciplinary staffing team. These changes in terminology and the identification process are reflective of a larger philosophical change in Iowa. The history of these changes is presented. The definition and its optimum use are examined. The relationship between the Iowa definition of behavioral disorders and other classification systems, such as the DSM-III (American Psychiatric Association, 1977), and the full range of behavior problems in schools are discussed.

Many changes...have occurred in Iowa over the past several years in the special education area we now refer to as behavioral disorders. We have emerged from an era when we served a few severely involved youngsters to a time when over 6,000 mildly, moderately and severely behaviorally disordered students receive our special education programs and services. Once there were a few classrooms located in clinical settings; now there are over 300 classroom programs representing a full continuum of program options ranging from resource programs to totally self-contained models. Staff working with behaviorally disordered students have changed from a few clinically trained professionals to a large cadre of competent well-trained professionals throughout the state. With these changes has come a concerted effort to establish an effective and fair manner of describing these students and the implementation of a definition consistent with these goals....

---

*From The Iowa assessment model in behavioral disorders: A training manual (pp. 3-17), edited by F. A. Wood, C. R. Smith, and J. Grimes, 1985, Des Moines, IA: Department of Public Instruction. Adapted by Charlene Struckman by permission. Abstract written by Charlene Struckman.

The definition of behavioral disorders that went into effect in November 1983 reads as follows:

> "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.
>
> (1) Clusters of behavior characteristic of pupils who are behaviorally disordered include: Cluster I - Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II - Significantly deviant withdrawn or anxious behaviors; Cluster III - Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both; and Cluster IV - Significantly deviant behavior patterns characterized by deficits in cognition, communication, sensory processing or social participation or a combination thereof that may be referred to as autistic behavior. A pupil's behavior patterns may fall into more than one of the above clusters.
>
> (2) The determination of significantly deviant behavior is the conclusion that the pupil's characteristic behavior is sufficiently distinct from his or her peer group to qualify the pupil as requiring special education programs or services on the basis of a behavioral disorder. The behavior of concern shall be observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-aged pupils. It must be determined that the behavioral disorder is not maintained by primary intellectual, sensory, cultural or health factors.
>
> (3) In addition to those data required within the comprehensive educational evaluation for each pupil requiring special education, the following areas of data collection shall be gathered when identifying a pupil as behaviorally disordered which describe the qualitative nature, fre-

quency, intensity, and duration of the behavior of concern. If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision.

"Setting Analysis" data includes: information gathered through informal observation, anecdotal record review and interviews describing the setting from which a pupil was referred; documented prior attempts to modify the pupil's educational program so as to make behavioral and academic achievement possible in the current placement; and social functioning data that includes information, gathered from sources such as teacher interviews and sociometric measures, regarding the referred pupil's interaction with his or her peers.

"Pupil's Behavioral Data" includes: measures of actual behavior that include the specific recording, through systematic formal observations, of a pupil's behavior including the frequency of behaviors of concern; and measures of reported behavior that includes information gathered through checklists or rating scales and interviews that document the perceptions of school personnel regarding the behavioral pattern of the referred pupil and information regarding the perception of the pupil's home and school behavior obtained from the parent of surrogate parent.

"Individual Trait Data" includes information about the unique personal attributes of the pupil. This information, gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes, and significant personality traits....

HISTORICAL BACKGROUND

"Behavioral disorders" became a formal special education category in Iowa on July 1, 1983, through legislative action (House File 133). This term replaced "emotional disabilities" and "chronically disruptive" which had been in effect since the early 1970s. Prior to that time the term "emotional maladjustment" had been used.

Along with the terminology change has come a shift in the process by which students with behavioral disorders are identified. Until the early 1970s, it was required that such students be identified by a mental health professional, such as a child psychiatrist. In the early 1970s, a multidisciplinary staffing team made eligibility decisions yet a clinical consultation with a licensed psychologist or psychiatrist was required prior to placement of a pupil into a self-contained model. Today, the total decision regarding eligibility and program placement rests with the diagnostic-educational staffing team.

These two trends in terminology and in the identification process are reflective or a larger philosophical change in Iowa. Briefly stated, this is a move away from an exclusive mental health model in defining behavioral disorders. Today students are not viewed solely in the limited perspective of the classical clinical category, "emotionally disturbed." Some students identified as behaviorally disordered may fit such a description but not all, and probably not most. Furthermore, special education eligibility is viewed as an educational decision to be made within the school setting rather than by colleagues from other disciplines.

The philosophy and procedures for educational programs have also changed. In the earlier days of this field's development, teachers were called on to teach academics, control disruptive behavior and to follow the treatment plan specified by clinical personnel. Often "therapy" was predominant with "teaching" being secondary. Today, more behavioral change strategies are being developed and incorporated in the classroom including social skills training and self-control curricula. Adjunct therapy, delivered by someone other than the classroom teacher, may or may not be a part of the program.

These trends are not limited to Iowa. As Wood (1984) notes, professionals in the area of behavioral disorders are still dealing with problems of eligibility and programming for such youngsters on a nationwide basis:

> Beneath all the metallic lacquer and chrome, is special education for the BD/ED student still only a Model T? Should we yield to depression and cynicism, admitting that we do not have the answers? While we can point to few major advances in our understanding of severe problem behavior and its treatment, there is no reason to believe that the hard problems will not yield gradually to persistent efforts. (p. 8-9)

CHANGE PROCESS OF TERMINOLOGY AND DEFINITION

In 1980 the Department of Public Instruction (DPI), through the State Board of Public Instruction, first proposed to the Iowa Legislature the adoption of the term "behavioral disorders" to replace the terms of "emotional disabilities" and "chronically disruptive." This proposal was sent to the Legislature for three years before being discussed and passed during the 1983 legislative session.

The DPI proposal was forwarded for several reasons (Smith, 1982). In summary, it was felt that: 1) behavioral disorders was a more accurate overall term to describe these students, 2) was less derogatory than terms such as emotional disabilities and chronically disruptive, and 3) would lead to more specific identification procedures.

With the passage of House File 133 the Department of Public Instruction began an intensive effort to develop a definition of behavioral disorders. In 1981 a preliminary proposal for this definition had been distributed in the state with an opportunity for input. Using this as a base definition, work was begun on the development of a new definition following the passage of the Legislative proposal.

The initial step in this development involved the selection of a resource person from outside the State of Iowa who could react to the proposed definition from a nonbiased standpoint and who would bring a perspective of what other states had done with their definitions. Dr. Frank Wood from the University of Minnesota served as the resource person and met with DPI staff to consider concepts critical to our new definition of behavioral disorders.

Following this input a small group of persons representing special education administration, school psychology and instructional services met in Des Moines to further refine the definition. This process led to two additional drafts of the proposed definition. Finally, in June of 1983, a final draft definition was submitted to the Iowa Legislature for review. The definition passed final approval by the Legislative Committee in late September and went into effect November 30, 1983....

FOCUS ON FIRST PARAGRAPH OF IOWA DEFINITION

....[The] introductory paragraph provides the general parameters for defining such students. It states:

> "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.

The initial phrase states that professionals will be identifying a "pattern of situationally inappropriate behavior." In order to determine if such a pattern exists it is essential to have some information regarding the situation in which the behavior of concern occurs as well as information concerning what behavior is expected in such a setting, i.e., what the behavior of concern is deviating from. Setting analysis information, objective observation (especially with the use of normative peer data) and social functioning data provide the requisite information to make such a determination.

Another component of this paragraph states that the behavior of concern "deviates substantially from behavior appropriate to one's age." This phrase stresses that a close examination must be made of the qualitative nature of a given behavior in relation to the age appropriateness of such a behavior. Relevant research (Pimm, Quay & Werry, 1967; Routh, Schroeder & O'Tauma, 1974) has shown the relationship of such behaviors as hyperactivity to chronological age. Consequently, it is imperative that the staffing process examine the relationship between the behavior of concern with the age appropriateness of such behavior. Checklist/rating scale data, objective observation and social functioning data should assist in this regard.

The final phrase states that the behavior of concern "significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the pupil." It is important to note that these three descriptions are linked by an or rather than and. Each of these three descriptions merit individual attention.

Academic deficits have frequently been pointed out as a salient characteristic among students with behavioral disorders (Bower, 1981; Kauffman, 1981; Morse, Cutler & Fink, 1964). Thus, academic performance will be an important variable affecting a student's behavioral adjustment (Smith, White & Peterson, 1979). In the area of behavioral disorders it is hypothesized that the student manifests academic deficits primarily as the result of deviant behavioral patterns. Therefore, within the academic assessment, professionals must be interested in obtaining information for diagnostic purposes and planning an appropriate academic program for the student.

Problems in interpersonal relationships are also quite common among behaviorally disordered pupils. This refers to both relationships with peers and adults. Social functioning data, objective observation, checklist/rating scale data and setting analysis data may be particularly important in this area of documentation.

When referring to the "personal adjustment of the pupil" we are dealing more directly with the affective status of an individual pupil. Among the areas explored are how this pupil perceives the school setting, his/her peers and such nebulous yet all important constructs as "happiness." Self-concept information becomes important in this area. The chapters in this manual dealing with personal trait data and pupil behavior will discuss ways to examine the personal adjustment of a student.

DESIRED USE OF DEFINITION BY PROFESSIONALS IN IOWA

A definition sets the scene for utilizing professional skills in decision making when identifying students with behavioral disorders. Many persons seem to desire a "cookbook" to explain the step-by-step procedures. Others may desire a "formula" that answers the question regarding which students are, in fact, eligible for services. The Iowa definition of behavioral disorders does not lend itself to either of these alternatives. Instead, this definition is very much dependent on the competent functioning and sound group decision making of multidisciplinary staffing teams.

One of the prerequisites to such group decision making is the appropriate presentation of data.... Crucial in this process...is that data is shared among the staffing participants in an open manner. This will set the scene for a true "group" decision rather than individual decision making and reporting. This sharing process also leads to a consensus among the participants regarding student eligibility and programming needs. Such a process must also allow for the possibility of individuals filing minority reports when they personally disagree with the consensus opinion.

In the past information has been gathered from teachers that implied that the assessment information supplied to them regarding behaviorally disordered students was not particularly useful and the information teachers felt was most useful, was not necessarily available (Zabel, Peterson, Smith & White, 1982). The requirement of several specific data collection areas is a concept that is supported by the definition of behavioral disorders. Obviously, an emphasis is directed toward making appropriate decisions regarding eligibility of referred students. However, a second, and perhaps more important outcome of gathering these varied data is to provide information that will be useful in planning a meaningful program for the youngster involved.

Another question that frequently arises is whether the new definition is related to specific training biases of the professionals involved in implementation. As mentioned earlier, the definition does not favor any individual philosophical base and is intended to be equally functional for professionals representing various disciplines including special education, school psychology, and social work.

RELATED ISSUES

There are some additional issues that need to be addressed in order to clarify the intent of the new definition. These include: (a) the relationship of behavioral disorders to other diagnostic/classification systems, (b) defining the role of schools in dealing with deviant behavior patterns, and (c) the identification procedures to be used in settings other than the public schools.

The definition of behavioral disorders was written as an educational definition. Other classification systems which are more clinically based were examined, such as DSM-III (American Psychiatric Association, 1977), but no attempt was made to duplicate such systems. Many of the students who are or will be identified as behaviorally disordered may also be identified as deviant under clinical or judicial systems. While such a relationship may exist, it is not a necessary condition for identification as behaviorally disordered.

Another issue that has concerned some people has been whether the field of behavioral disorders encompasses all of the behavior problems in school. This is not the case. Obviously there are many behavior problems that are best dealt with by regular education. Just as the field of learning disabilities cannot be held responsible for all problems in the cognitive domain and the field of physical disabilities cannot be held responsible for all problems in the physical domain--the field of behavioral disorders cannot assume responsibility for all school-related problems in the behavioral domain. The definition directs professionals to identify students who are handicapped in obtaining an education and whose characteristic behavior is significantly distinct from his/her peer group.

A final issue has to do with applying this definition to youngsters being served in out-of-home placements such as state institutions or residential settings. Ideally the same data analyzed in the public school setting would be available for students being placed into residential placements and being considered for programs in behavioral disorders. However, if such data are not available, professionals should follow two procedures.

First, it is important to gather as much data as possible from the previous classroom placements of such youngsters. This means directly contacting persons who have worked with the student and gathering data such as their perceptions of the status of the targeted child's behavior in relation to his/her peers.

A second strategy will include the gathering of unavailable data through an extended evaluation within the residential placement. This may include the use of techniques such as objective observations to gather data that may not have been available at the time the student was placed into residential care.

These strategies, taken together, should lead to the availability of the necessary information to make eligibility and programming decisions for students placed into residential settings.

CONCLUDING COMMENTS

This chapter provides a background and general orientation to Iowa's new definition of behavioral disorders.... Through the competent application of these procedures by our colleagues in Iowa we are confident this definition will lead to improved identification procedures and programming for students with behavioral disorders in Iowa.

REFERENCES

American Psychiatric Association (1977). Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Preliminary Edition, Washington, D.C. (Mimeo).

Bower, E.M. (1981). Early Identification of Emotionally Handicapped Children in the Schools, Third Edition. Springfield, Illinois: Charles C. Thomas.

....

Kauffman, J.M. (1981). Characteristics of Children's Behavior Disorders. Second Edition. Columbus, Ohio: Charles E. Merrill.

....

Morse, W.C., Cutler, R., & Fink, A.H. (1964). Pubic School Classes for the Emotionally Handicapped: A Research Analysis. Washington, D.C.: CEC, NEA.

Pimm, J.B., Quay, H.C., & Werry, J.S. (1967). Dimensions of problem behavior in first grade children. Psychology in the schools, 4, 155-157.

Routh, D.K., Schroeder, C.S. & O'Tauma, L.A. (1974). Development of activity level in children. Developmental Psychology, 10, 163-168.

....

Smith, C.R., White, M., & Peterson, R. (1979). Iowa study: Preliminary Report: Reintegration of Emotionally Disabled Pupils. Des Moines, Iowa: Iowa Department of Public Instruction.

Wood, F.H. (1984, January). *Education of Behaviorally Disordered/Emotionally Disturbed Students: Accomplishments, Problems, and Prospects*. (Available from Council for Exceptional Children, Reston, Virginia).

Zabel, R.H., Peterson, R.L., Smith, C.R., & White, M.A. (1982). Availability and usefulness of assessment information for emotionally disabled students. *School Psychology Review*, *11*(4), 433-437.

BEHAVIORAL DISORDERS: AN EMPIRICAL APPROACH FOR SOCIAL WORKERS IN SCHOOLS

Paula Allen-Meares

ABSTRACT: This paper provides an overview of select definitions of behavioral disorders in pupils. It calls attention to ecological-systems theory as a valid framework for assessment and intervention. Practitioners are encouraged to adopt a responsible and accountable approach to practice, specifically one that incorporates empirically validated intervention.

No single universally accepted definition of the term "behavior disorder" exists. It is an amorphous term that can denote a wide range of behaviors, depending upon the observer and the behavioral expectations of a specific setting. What is seen as maladaptive behavior in one setting (e.g., the school) may very well be considered functional in another (e.g., the community). Regardless of the definition one adopts, a pupil's behavior contributes significantly to educational achievement and future academic success.

Kirk (1962) defined a behavior disorder as "that behavior of a child which (1) has a detrimental effect on his development and adjustment and/or (2) interferes with the lives of other people" (p. 330). Kirk (1972) subsequently added to this definition the deviation from "age-appropriate behavior" and "significant" interference with the child's growth and development and with others' lives (p. 389). A more recent definition proposed by Lilly (1979) points out that a behavior disorder is highly situational and that disturbed or disordered behavior in one classroom can be well within the normal limit of permissive behavior in another classroom in the same school.

Kauffman (1977) writes:

> Children with behavior disorders are those who chronically and markedly respond to their environment in socially unacceptable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behavior. Children with mild and moderate behavioral disorders can be taught effectively with their normal peers (if their teachers receive appropriate consultative help) or in special resource or self-contained classes with reasonable hope of quiet reintegration with their normal peers. Children with severe and profound behavior disorders require intensive and prolonged intervention and must be taught at home or at special classes, special schools, or residential institutions. (p. 23)

The Iowa Rules of Special Education (1985) offers the following definition, which also takes into account the "situation" and "socially unacceptable behavior" as key variables.

> "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder. (ch. 12, p. 2)

Public Law 94-142 (1975) requires that BD pupils receive a comprehensive assessment and an appropriate education in the least restrictive environment. This mandate holds implications for how school social workers identify, assess, and intervene on behalf of these pupils. It has been empirically validated that comprehensive assessments are not being conducted by school-based professionals (McGinnis, Kiraly, & Smith, 1984). Further, minorities and male pupils are disproportionately labeled as behaviorally disordered (Prieto & Zucker, 1981).

Smith, Frank, and Snider (1984), studying the identification of BD pupils, examined 60 files. They found that traditional types of data, specifically academic and intellectual measures, were rated as being more available and of higher quality than behaviorally oriented data such as level of social functioning, setting analysis, and accounts of demonstrative behavior. The authors concluded that too much reliance was placed upon traditional measures.

In another study raising similar concerns (McGinnis et al, 1984), the files of 45 elementary school students were reviewed. The reviews showed that the majority of information used by staffing teams to make eligibility decisions did not reflect appropriate and comprehensive assessment practices. This research also pointed out that the least available information was ancedotal records, sociometric data, and setting analysis.

Ideally, multiple data from a variety of sources should be included (e.g., medical history, vision, hearing, speech, self perceptions, general intelligence, adaptive behavior, academic status, communicative skills, motor abilities, family or parental expectations, environment, community norms, vocational and economic usefulness, personality assessment, setting analysis, unique qualities of the pupil, and sociometric status). It is imperative that a comprehensive pupil assessment contain a multidimensional view.

ECOLOGICAL-SYSTEMS FRAMEWORK

The most appropriate theoretical framework for a comprehensive assessment is ecological-systems (Siporin, 1980). Siporin (1980) states:

> An ecological model of man and society...refers to a conceptual system about mind-body-environment in transactional relationships. People and their physical-social-cultural environment are understood to interact in processes of mutual reciprocity and complementary exchanges of resources, through which processes the systemic functional requirements are met, dynamic equilibrium and exchange balance are attained, and dialectical change takes place. Ecological theory thus deals with the web of life, at the interfaces between systems and subsystems.... An eco-system consists of people, their life situations, and the well-functioning or dysfunctioning behavior patterns that result from their interaction. (pp. 509-510)

If practitioners would adopt this framework, there would be less chance of omitting data from different sources (e.g., significant persons and environments). This framework encourages a balanced perspective of the pupil and the situation (Lilly, 1979). According to this perspective, neither persons nor environments are inadequate; rather, the match between the person and the environment is in relative accord or discord. The ecological view further assumes that the attributes of the person and the situation need to be internally consistent, coherent, and positively complementary.

Applying the ecological view to the BD pupil's situation leads to the conclusion that the transactions between the child and the school environment are dysfunctional--an imbalance exists between the expectations and needs of each. Systems theory encourages an examination of the many environments (systems) in which the child functions (e.g., the degree of responsiveness, role expectations, structure, flexibility, and resourcefulness).

The ecological-systems framework encourages practitioners to adopt pupil-changing as well as environment-changing interventions. Moreover, it is not method or approach specific; thus, the practitioner has considerable flexibility in selecting different interventions and methods for individualization.

INTERVENTIONS

While the preceding discussion of definitions may not be new to some readers, it may stimulate the interest of others. Using the ecological-systems framework as an umbrella perspective and extracting from the literature some empirically validated principles, let us now consider the wide range of available interventions known to be effective (Allen-Meares, 1985).

Home-based intervention is designed primarily to assist parents in their efforts to modify their child's behavior as well as their own. Atkeson and Forehand (1979) found very positive results in their review of current research on the use of home-based reinforcement programs to modify both disruptive and academic behaviors in the classroom. They point out the importance of consistency and congruency in rewards received by the students at home and at school for good behavior. In one of the studies reviewed, contingent parental praise at home, implemented for all children in 2 kindergarten-level BD classrooms, was effective in reducing disruptive behavior in school (Lahey et al., 1977). In another investigation, parental praise was found to be effective initially with disruptive adolescents. A home-based program permits parents to receive regular feedback and encourages frequent parent-teacher communication. It also helps to eliminate the blaming that often occurs in the service delivery for these pupils.

Because school social workers are at the interface of school and family, they are in an ideal position to employ this approach. School social workers, through group processes and individual counseling sessions, can train parents in specific behavior management techniques. They might adopt some of the techniques described by Robinson and Robinson (1979), whose training model emphasizes instruction, role playing, implementation of social learning concepts, and contingency management. Again, much of the intervention depends upon the needs of the parents and the particular child. They also point out that many treatment programs for these children are strongly oriented toward an individual psychotherapeutic approach. Increasingly, however, those who work with troubled children are recognizing that a child's behavior is part of an interactive system involving the child and significant others in his social environment. Hobbs (1975) emphasizes this point:

> The child is no longer the sole focus of assessment and intervention. Rather, the problem is seen as residing in the ecological system of which the child is an integral part. This system consists of the child and the settings and the individuals within these settings that are a part of the child's daily life.... Thus, assessments and interventions focus on the exchanges between the child, the settings in which he participates, and the significant individuals who interact with him.... The objective is not merely to change or improve the child but to make the total system work. (p. 113-114)

The classroom based intervention is another target of intervention. Alexander and Apfel (1976) found improved attendance and decreased disruptive verbal and motor behaviors in a BD class containing 5 boys when a token reinforcement for appropriate behavior on a variable-interval schedule was implemented. LeCroy and Goodwin (1979) encouraged behavioral consultation to teachers and behavioral analysis in the classroom. Barton and Osborne (1978) found that when teachers modeled sharing behavior, such behavior increased 350% among pupils. At follow-up, the group had retained gains in physical sharing, with this behavior occurring 63% of the time. Again, this study demonstrates the efficacy of using positive practice to increase desirable classroom behaviors. The method is uncomplicated and does not involve much teacher time. School social workers can organize and direct inservice training sessions to increase teacher awareness of the importance of classroom procedures and of modeling appropriate behaviors.

In another study that targeted the classroom, Ayllon, Layman, and Kandel (1975) found that chemotherapy could be successfully replaced by behavioral management programs. Children who participated in this study averaged less than 20% correct responses on assignments while on medication. Off medication, during the behavioral intervention, they averaged over 80% correct responses. In light of societal concerns about drug and substance abuse, it would seem important to try interventions other than drug therapy. Some biological and/or physical problems, however, may warrant medication or diet modification along with other interventions.

In an effort to facilitate mainstreaming, Beare (1981) developed a three-pronged ecological program to facilitate "goodness of fit" between behavior problem students and their rural high schools. The program included providing teacher inservice workshops, developing a student advocacy and ombudsman program staffed by trained teachers, and establishing a crisis resource for teachers. Nelson and Stevens (1981) developed a plan that included consultation to mainstream BD pupils. The program was data based and identified time expended both by case and by consultant activity. The authors concluded that consultation is vital to mainstreaming, but that it is discouraged by special education funding policies that require labeling of children and perpetuate a "refer and remove policy."

Let us now consider a third approach: direct intervention with BD pupils. The first intervention to be discussed is video-tape feedback. Results of one study by Booth and Fairbank (1983) suggest that it is effective as a classroom behavior management technique and also increases on-task behavior of individual children. Another technique is the development of peer support groups in mainstreamed classes. Pairing BD children who have been mainstreamed with non-BD peers in the mainstream as a support is an effective way of facilitating their adjustment. The peer tutors in one study used such techniques as record-keeping and graphing strategies (Stowitschek et al., 1982).

Self-control and self-regulation are also effective strategies (Bolstad & Johnson, 1972). Kurtz and Neisworth (1976) identified three behavioral self-control strategies. The first involved rearranging the environmental conditions and the use of covert self-instruction. The second involved self-observation, including recording of observed target behaviors. A third focused on self-reinforcement, including the child's participation in selecting rewards to be earned and contingent self-administration of the reinforcers. It has been proven that shifting the locus of control from external agents (e.g., dispensing tokens or the distribution of contingent reinforcement) to the child (e.g., training children in self-regulation procedures) can aid in maintaining positive behavior changes and enhances the chances for helping children assume some responsibility for their own lives (Bolstad & Johnson, 1972). Warrenfeltz et al. (1981) found that didactic instruction resulted in rapid acquisition of the appropriate responses in vocational settings. This study also included social skills training, important for the development of communication skills, and self-monitoring to promote generalization to a vocational setting. Opportunities for social skills training either in didatic or group situations are widely available in the classroom.

The integration of reliable and valid formal checklists and scales with informal assessment techniques is also advocated. For example, self-concept could be measured by a number of scales; pathological behavior patterns as seen be teachers, parents, and others could be measured by using Burk's Behavior Scale (1977); and sociometric, teacher, parent, and child perspectives data could be obtained by administering the Brown and Hammill Behavior Rating Profile (1978), the Quay and Peterson Five Item Problem List (1967), and the Walker Problem Behavior (1970) checklists. Also available are formal adaptive behavior scales (Allen-Meares & Lane, 1983). These scales measure the effectiveness with which the individual pupil copes with the natural and social demands of the environment. In addition, any comprehensive assessment should also incorporate informal measures (e.g., social development studies, medical history information).

These assessment scales and checklists are useful for identifying a general profile of a particular child's problematic behaviors and/or functioning. They are also useful for breaking down the general profile of behaviors into specific subdomains. Information about subdomains is useful for obtaining fine discriminations that are essential for determining the directions of intervention. Ideally, multiple outcome measures with specific data collection devices are recommended.

Further, repeat administration of certain instruments and scales is useful for determining change over time. Practitioners should be aware, however, of test-retest and reactive interaction effects, all of which are threats to internal and external validity. These effects may occur, for example, when a pretest might increase or decrease the pupil's sensitivity or responsiveness to the intervention. In such a situation, the results obtained for the pretest population are not representative of the effects of intervention, because the experience of taking the pretest impacts the scores of the same test taken during the post-intervention stage (Campbell & Stanley, 1963).

SUMMARY

The suggestions contained in this chapter are congruent with the social work profession's desire to assess more effectively and broadly clients' needs and to incorporate empirically validated approaches into the practice. An abundance of literature exists on the characteristics of behaviorally disordered pupils, scales and instruments that assist in the identification/assessment process, and interventions that have been empirically documented to be effective. Social workers in schools have a professional obligation to base their efforts on the most current research and knowledge about this pupil group. They must translate this knowledge into interventions so that it enhances their practice effectiveness and service delivery.

One cannot leave this topic without addressing the future advocacy and political roles that are required for maintaining an adequate level of service for these pupils. Monitoring legislation at state and local levels of government, changing unfair educational policies that exist within schools and cause maladaptive behaviors, and incorporating comprehensive assessment strategies are imperative. To secure a future for these pupils is a fundamental value and responsibility of the profession.

ABOUT THE AUTHOR

Paula Allen-Meares, Ph.D., MSW, CSW, has served as Chairperson of the School Social Work Specialization at the University of Illinois, School of Social Work, Urbana, Illinois, for several years. Currently, she is Director of the Doctoral Program and is on the Editorial Board of Social Work. For the past 3 years she has chaired the NASW Practice Advancement Council on Social Work Services in Schools. Prior to the academic position, she was a school social worker and Department Chair of Special Education for the Urbana School District.

REFERENCES

Alexander, R. N., & Apfel, C. H. (1976). Altering schedules of reinforcement for improved classroom behavior. Exceptional Children, 43, 97-99.

Allen-Meares, P. (1985). Assessing behavior disorders in children: An eclectic approach. Social Work In Education, 7, 100-113.

Allen-Meares, P., & Lane, B. A. (1983). Assessing the adaptive behavior of children and youths. Social Work, 28, 297-301.

Atkeson, B. M., & Forehand, R. (1979). Home-based reinforcement programs designed to modify classroom behavior: A review and methodological evaluation. Psychological Bulletin, 86, 1298-1308.

Ayllon, T., Layman, D., & Kandel, J. (1975). A behavioral-educational alternative to drug control of hyperactive children. Journal of Applied Behavior Analysis, 8, 137-146.

Barton, E. J., & Osborne, J. G. (1978). The development of classroom sharing by a teacher using positive practice. Behavior Modification, 2, 231-250.

Beare, P. (1981). Mainstreaming approach for behaviorally disordered secondary students in a rural school district. Behavioral Disorders, 6, 209-218.

Bolstad, O. D., & Johnson, S. M. (1972). Self-regulation in the modification of disruptive classroom behavior. Journal of Applied Behavior Analysis, 5, 443-454.

Booth, S. R., & Fairbank, D. W. (1983). Videotape feedback as a behavior management technique. Behavioral Disorders, 9, 55-59.

Brown, L. L., & Hammill, D. D. (1978). *Behavior rating profile sheet.* Austin, TX: PRO-ED.

Burks, H. F. (1977). *Burk's Behavior Rating Scales*. Los Angeles: Western Psychological Services.

Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*, Chicago, IL: Rand McNally.

Hobbs, N. (1975). *The futures of children*. San Francisco: Jossey-Bass.

Iowa Department of Public Instruction. (1985). *Rules of special education*. Des Moines: Department of Public Instruction, Division of Special Education.

Kauffman, J. (1977). *Characteristics of children's behavior disorders.* Columbus, OH: Merrill.

Kirk, S. A. (1962). *Educating exceptional children*. Boston: Houghton Mifflin.

Kirk, S. A. (1972). *Educating exceptional children* (2nd ed.). Boston: Houghton Mifflin.

Kurtz, P. D., & Neisworth, J. T. (1976). Self control possibilities for exceptional children. *Exceptional Children*, *42*, 212-217.

Lahey, B. B., Gendrich, J. G., Schnelle, J. F., Gant, D. S., & McNees, M. P. (1977). An evaluation of daily report cards with minimal teacher and parent contacts as an efficient method of classroom intervention. *Behavior Modification*, *1*, 381-394.

LeCroy, C. W., & Goodwin, D. L. (1979). Behavioral consultation and applied behavior analysis in the classroom. *School Social Work Quarterly*, *1*, 219-228.

Lilly, S. M. (1979). Children with exceptional needs. New York: Holt, Rinehart, and Winston.

McGinnis, E., Kiraly, J., Jr., & Smith C. R. (1984). The types of data used in identifying public school students as behaviorally disordered. Behavioral Disorders, 9, 239-246.

Nelson, C. M., & Stevens, K. B. (1981). An accountable consultation model for mainstreaming behaviorally disordered children. Behavioral Disorders, 6, 82-91.

Prieto, A. G., & Zucker, S. H. (1981). Teacher perception of race as a factor in the placement of behaviorally disordered children. Behavioral Disorders, 7, 34-38.

Quay, H. C., & Peterson, D. R. (1967). Manual for the behavior problem checklist. Champaign, IL: Children's Research Center.

Robinson, C. M., & Robinson, L. W. (1979). Involving parents in the treatment of behaviorally disordered children. Clinical Social Work Journal, 7, 182-193.

Siporin, M. (1980). Ecological systems theory in social work. Journal of Sociology and Social Welfare, 7, 507-532.

Smith, C. R., Frank, A. R., & Snider, B. C. F. (1984). School psychologists' and teachers' perceptions of data used in the identification of behaviorally disordered students. Behavioral Disorders, 10, 27-32.

Stowitschek, C. E., Hecimovic, A., Stowitschek, J. J., & Shores, R. E. (1982). Behaviorally disordered adolescents as peer tutors: Immediate and generative effects on instructional performance and spelling achievement. Behavioral Disorders, 7, 136-148.

The Education For All Handicapped Children Act of 1975, Public Law 94-142, 20 U.S.C., 1401 et seq.

Walker, H. M. (1970). Walker problem behavior identification checklist and manual. Los Angeles: Western Psychological Services.

Warrenfeltz, R. B., Kelly, W. J., Salzberg, C. L., Beegle, C. P., Levy, S. M., Adams, T. A., & Crouse, T. R. (1981). Social skills training of behavior disordered adolescents with self-monitoring to promote generalization to a vocational setting. Behavioral Disorders, 7, 18-27.

SECTION TWO

INTERVENTION:
THE CHILD, THE FAMILY, AND SOCIAL SUPPORT NETWORKS

Social workers generally are asked to intervene with or on behalf of individual students whose behaviors are of concern to teachers, administrators, special education support teams, or families. Occasionally, students themselves ask for such help. How the social worker intervenes is determined not only by student need but also by the social worker's personal "style" and professional training in one or more areas of specific therapies or treatment modalities. Social workers' orientation is often eclectic in nature, because training and experience usually offer a kaleidoscope of opportunities for practice. Universal principles and axioms for intervention guide the social worker, however.

PERSPECTIVES

Social workers meet client need when and where it originates and continues to exist. To the extent possible, the client defines the problem with the help of the professional. Often we speak of this as "starting where the client is". The accurate definition of client need provides the initial step toward appropriate and effective intervention. Symptom behaviors are viewed as puzzle pieces and clues in the search for cause and effect relationships. This perspective inevitably involves the eco-system in which the client resides.

A child's behavior is viewed as goal-directed. It is effort, not always deliberate or conscious, to secure the attention of significant others, to relieve stress, or to gain mastery or control of the personal environment. Such goals reflect basic human drives--the seeking of love, security, recognition, and pleasure; the avoidance of pain and discomfort; and the will to find a place to call "home" where one can belong and express oneself freely and creatively. The child who has been labeled behaviorally disordered has succeeded in accomplishing _some_ of these goals, although by means considered deviant, dysfunctional, or maladaptive. Sometimes we refer to the behavior of a deviant child as a "plea for help". This may be so, but the behavior (when examined closely) is still quite goal-directed.

Certainly, the etiology of a behavioral disorder in any child is complex and not easily understood. This is particularly true in the cases of children who are seriously emotionally disturbed. Research continues in an effort to isolate the causes of such disabilities as schizophrenia and autism, for example. Regardless of the degree of disability, adaptive behaviors vary within children according to each child's strengths and weaknesses. When the behaviors of children with severe behavioral disorders are destructive to self and others, it must be remembered that such behaviors are still goal-directed, even if the goals are unclear to the observer.

It is also significant to note the direct correlation between emotional stability (or successful adaptive functioning) and self-control or impulse control. Emotionally stable persons are those individuals who have learned to use internal and external resources to meet the needs of self and also the needs of others without undermining self-health. Stability in any sense means balance.

The critical intervention task for school social workers is to ensure that a "change" that is requested of any student with behavior problems facilitates the child's growth and development, the learning of healthy coping mechanisms, or the acquisition of functional skills. If such "change" does not satisfy the student's primary goals and needs, intervention attempts will fail. The key to successful "change" for both the child and the intervenor is the proper identification of the child's goals or needs. Once these are identified, intervention and positive change become more feasible.

Sometimes significant others in a child's milieu structure a child's behavior to accommodate the system, rather than recognize that the special education child does indeed "march to a different drummer". The cadence is different because that child has learned and adapted differently from the normative expectation. The different behavior is linked inextricably to many environmental processes (prior to birth and into the present) by which the child became "special". If we look kindly at the behaviorally disordered child, we may find that this deviant child is bright, creative and powerful, with enough "savvy" and energy to have "survived" and even to have disturbed the relatively strong and often dysfunctional system(s) in which he or she resides. Such clever individuals frequently have great potential for positive change when supportive relationships and resources can be mustered on their behalf. The social worker often must negotiate, mediate, and advocate for the child during this process.

WORK WITH THE INDIVIDUAL STUDENT

A child's self-concept is gleaned from the reactions of significant others in the environment, that is, from parents, other family members, peers, teachers, close family friends, and so on. If feedback from intimate figures is consistently negative and critical, no matter how subtle, and if the child consistently feels that he or she cannot quite "measure up", the child's self-esteem plummets. We begin to see symptoms of depression, anger, grief, and guilt, which are translated into various negatively labeled "acting-out" behaviors. Social workers, with their complex repetoire of skills, are called to enter such a child's world and to help restructure his or her environment or to teach that child new ways of relating to ensure the child's greater success and healthy development.

Area Education Agency support teams, of necessity, function as diagnostic units who identify disabled children. The social worker is a vital member of this diagnostic team. With the emphasis in the Iowa Rules of Special Education (1985) on the need to define behavior precisely, Moon's paper, "Systematic Observation of Students for the School Social Worker", is a timely resource for social work practitioners. Drawing from principles of learning theory, it spells out a systematic method for observing and recording student behavior within the context of the peer and classroom environment. Deviancy from norm is thus established. The degree of deviancy is critical in the process of labeling a child as behaviorally disordered. This sensitive observation is also necessary to analyze the goal of student behavior and/or the causative factors so that intervention may be planned.

McElligatt's "Task-Centered Treatment with Behaviorally Disordered Students" discusses task-centered intervention with individual students. Task-centered treatment is an efficient, very goal-specific approach for identifying and encouraging behavior changes in students who need more effective skills to function successfully. The approach strongly emphasizes client autonomy and involves the student directly in the decision-making process. Positive reinforcement is a vital aspect of intervention. The results of this type of intervention are easily measured and obvious to special education team members, teachers, and school administrators. Among other things, the approach has a valuable accountability component, as change is readily defined and observed.

Heifner, in "A Social Systems Model for Short-Term Counseling Intervention with Individual Behaviorally Disordered Students", views intervention with the individual student within the broader scope of systems and communication theory. Emphasis is on the social worker's use of self to facilitate positive change. The worker-client relationship is employed to model and to teach. The social worker demonstrates respect for the client, actively empathizes, is sensitive to the student's goals, and conveys caring, warmth, and genuineness. By using such a relationship to help the student redefine messages about self and significant others, energies are redirected and basic communication patterns (verbal and nonverbal behaviors) are altered and made more functional.

Downs and Black offer a model for Administrative Intervention when behaviorally disordered or disruptive students are beyond the instructional control of the teacher. Administrators or other designated support personnel work on a one-to-one basis with students as a creative alternative to suspension. The authors emphasize the importance of social skills development and the critical role that administrators play to help students correct social errors. The administrator is a positive role model for the disruptive student, demonstrates successful behavior, provides feedback, and facilitates the student's understanding and development of appropriate behaviors. The authors are currently working on a manuscript that will detail the program of Administrative Intervention.

McCullagh's "Intervention by Prescription in the Preschool: A Preventive Model" and Struckman's "Services to Families of Young Behaviorally Disordered Children" highlight the necessity of early intervention aimed at remedying dysfunctional development, in this case children under 5 years of age. Such early intervention, both authors assert, enhances our effectiveness, because positive change is secured more easily with children whose behavior problems are not yet entrenched. Such effort with very young children is prevention work and may "save" some children from BD status as they grow older. Inevitably such work is cost effective, especially if we keep children out of self-contained special education classrooms.

McCullagh uses Rezmierski's developmental theory and intervention guidelines to structure developmentally appropriate interventions. Emphasis is given to alleviating stress for the child. The child's family is aligned closely with efforts by the AEA team and teachers. Struckman uses Greenspan's developmental model for assessing and targeting interventions for children from birth to age 3. In the case example, it is the social worker's relationship with the primary caretaker through which strategic change occurs on behalf of the child. Both authors emphasize the importance of teamwork.

DIRECT WORK WITH THE FAMILY

Social workers recognize that among the most effective solutions for rectifying dysfunctional behavior in children are those that involve the parents. If parental cooperation is not secure, the child is in increased danger of remaining "behaviorally disordered". Very often intervention with the family unit is direct on behalf of the child. McCard, in "School Social Work Interventions with Families: Problems and Prospects", treats the identified student within the dynamic context of the family. McCard uses Minuchin's model of structural family therapy, which also emphasizes a team approach. The school becomes a particularly valuable resource and ally for the family. Again, by influencing the resources in the child's environment and restructuring contingencies to respond supportively to precisely identified needs of the child and his or her family, the child's definition of self or sense of identity is impacted dramatically. The child, as well as the family, benefits. Parents are taught behavior management techniques when appropriate. Family relationships are realigned, strengthened, and clarified.

TEAMWORK AND CONSULTATION SERVICES

Many authors in this section stress the importance of teamwork when dealing with behaviorally disordered children. Team members provide critical support and information for one another on behalf of behaviorally disordered children. Social workers value highly the professional expertise of other disciplines. Social workers are comfortable working in teams. The social worker's orientation is to seek out a multitude of strengths, assets, and resources in any system or ecology and to rally those on behalf of the individual to ensure functional change and developmental growth.

As professionals who help persons to deal with environmental stressors, social workers may also assist other school staff to become more comfortable with children who have various degrees of behavioral disorders. Social workers recognize that teachers and administrators become frustrated and tired when dealing daily with the stress of students who pose serious behavior problems. Social workers may be very effective by simply redefining a student's problem and giving strong personal and professional support to school personnel. With problems redefined, additional pertinent information, and strategic, sensitive support, school personnel may be re-energized to use their many skills and extensive training to deal more successfully with problem students. Social workers are trained to give such cogent assistance to teachers and administrators on behalf of children with behavior problems.

Social work intervention is grounded in relationship and is "process", both at the micro and macro levels. It is the "experience" of working together through relationship toward specified goals to solve mutually agreed-upon problems. The client is actively involved in the problem-solving process. In schools and communities, social workers intervene with a behaviorally disordered child and with significant others in a child's life. Acceptance of each individual and concern for the welfare of each person are at the center of the professional effort. Expertise in technologies is essential, but the empathy required to trigger change is the catalyst.

—C.A.M.

REFERENCES

Iowa Department of Public Instruction. (1985). Rules of Special Education. Des Moines, IA: Department of Public Instruction, Division of Special Education.

SYSTEMATIC OBSERVATION OF STUDENTS FOR THE SCHOOL SOCIAL WORKER

Catherine Nelles Moon

ABSTRACT: This paper describes five techniques of systematic observation as a method of recording a child's behavior. Such observation assists in the assessment of behaviorally disordered children by quantifying behaviors. Specific behaviors then are targeted more easily for intervention. Later, observations serve as a means of monitoring an intervention.

One of the school social worker's primary tasks is to bring about positive change in children who are displaying behavioral problems in the school setting. In Iowa a written Individual Education Plan (IEP) is required, designating the intervention plan to be used with the specific child. In order for an IEP to be effective, an accurate assessment must be made of the behavior to be changed. Systematic observation of the child by the school social worker can be a valuable tool in recording, measuring and targeting behavior. Observations are a requirement when a child is assessed for the behaviorally disordered label. The school social worker may choose from several different techniques of systematic observation. Each technique is most appropriate under circumstances outlined below.

METHOD

The first step in any systematic observation is to answer two questions. First, what is the specific behavior to be observed? For example, is the social worker observing the student specifically for the behavior of "hitting other children" or is the child "interrupting work" by looking away from the assigned task? The social worker must know which behaviors are to be observed and recorded. Second, the social worker must know his or her own definition of when the behavior starts and when it stops. This is important in order to record the event of the behavior accurately and easily. Awareness of the specific beginning and ending points of the behaviors will help target the intervention to the specific situations in which the behavior occurs (or is likely to occur).

For each technique the social worker places himself or herself in the room in order to most easily and unobtrusively see the target child and most of the child's peers (if they are included in the observation). For example, the social worker may sit to one side at the front of the classroom facing the students. If the observation is done at home, the social worker may sit in a common place in the same room as the child. A stop watch or watch with a second hand is necessary to accurately and easily record the time. During any observation the social worker should never intentionally interact or interfere with the child or the child's peers.

METHODOLOGY FOR FIVE TYPES OF OBSERVATIONS[1]

The first technique is called the interval technique. This is most appropriately selected for behaviors that occur at a fairly persistent rate and at a moderate severity level compared to the child's peers. This technique is also the quickest and easiest to use to determine how much any child is deviating from peers' behaviors. A common target behavior for this technique is called "on-task" or "off-task" behavior. On-task behavior is defined as the child's eyes being on the teacher, the assignment or the example the teacher is showing on the chalkboard or elsewhere in the room. Another example of on-task behavior is when the child is doing what the teacher has directed him or her to do, or when the child is following specified rules. Off-task behavior is any behavior deviating from what is desired at that time.

The social worker makes a simple chart.

target child														
peer														

The social worker may observe the target child for 10 or 15 seconds, but this interval must remain constant throughout the observation. If the child performs an off-task behavior during that time, the social worker puts a "-" mark in the box beside "target". This tally is made during the 10 or 15 seconds between observation periods. If the child has been on-task during the period, a "+" mark is put in the box. When the time for marking the chart has passed, the social worker observes a peer in the classroom using the same technique as with the target. Then the focus goes back to the target child and then to a different peer. Observing all of the children allows the child's behaviors to be compared with a cross-section of his or her classmates. In the author's experience, an observation period of at least 20 minutes is desireable but may last any amount of time beyond that. Observations may include different kinds of school or home activities as long as the type of activity is noted in the observation record. For example, in a given observation period, a child may engage in seat work, large or small group work and/or class discussion.

When the observation period is over, the total number of "target" boxes of time is counted. Above that total is counted the number of on-task periods. These are translated into percentages. The same is done with the peer boxes, and a comparison can be made to determine deviancy or discrepancy. For example, if a child was on-task 2 out of 20 times, the child was on-task 10% of the time. Ninety percent of the time the child was performing off-task behavior.

Another type of observation is event recording. This is most appropriate for behaviors that occur very seldom or very frequently. First, the behavior and its starting and stopping points must be defined. Then the number of times that the behavior occurs within a given period is counted and the times of the occurrences are recorded. For example, a child may be observed throwing six tantrums during a 60-minute period.

The Observation Protocol (see p. 57) serves as a chart. For event recording, the time of the event is recorded, and the anecdotal notes, grouping and teacher response are recorded when possible.

A third type of observation is duration recording. It is the appropriate choice when the duration of a particular behavior is the cause of concern. The social worker begins timing when the defined behavior begins and stops timing when it ends. The Observation Protocol may be used for this type of recording. The Protocol is also appropriate for the fourth method, called latency recording. It is used when the concern is the amount of time that passes between a specific classroom or home event and the onset of the child's defined behavior. For example, if a child's compliance to the teacher's requests is the behavior of concern, the observer records the time that lapses between the teacher's request and the child's compliance.

A fifth technique is time sample. The behavior occurring at the moment of observation is recorded. For example, at the end of every 2-minute period (any amount of time may be chosen) the child is observed very briefly, and the behavior he or she is exhibiting at that moment is recorded. This recording technique is most useful when the observer is doing several tasks at once and when several children's behaviors are to be recorded at the same time.

The list below summarizes the techniques and circumstances indicating the method of choice for each.

1. Interval technique	Behavior is fairly persistent and of moderate severity.
2. Event recording	Behaviors occur very seldom or very frequently.
3. Duration recording	Duration of a certain behavior is the cause of concern.
4. Latency recording	Time between direction and response is the cause of concern.
5. Time sample	The observer has several tasks at once and/or several children to observe at the same time.

DISCUSSION

When the observation is complete, the data is carefully examined by the social worker to gather information to prepare a specific and efficient intervention. The observation will yield the amount of time a child spends exhibiting undesirable behavior and how this time compares to other children. This recording of the child's behaviors during assessment serves as an important baseline from which the impact of all subsequent interventions is measured. The laying of groundwork in the form of the observation baseline greatly simplifies the monitoring of progress and the measurement of the success of an intervention. The intervention is applied, and another recording of behavior is made and then compared to the baseline. A decision then can be made whether to continue the intervention or to attempt a different one. The established baseline used in this way can prevent random and repetitious interventions. The well-targeted intervention is more likely to succeed, because the problem has been systematically defined, recorded and examined.

An observation may yield a great deal of information if the social worker combines the Observation Protocol with an understanding of systems theory (Anderson & Carter, 1974). The observer studies the Protocol to find relationships or correlations between the activities occurring at any given moment and the onset of the child's undesirable behavior. The data may reveal that the child's behavior only occurs in certain groupings or that it occurs in response to certain activities on the part of the teacher. Careful consideration may reveal that intervention may mean changes in the child's environment or the way the child is dealt with by others so that the misbehavior is not inadvertently elicited or provoked. For example, analysis of the data may show that the teacher's response to the child's appropriate behavior is always neutral, but the response to the child's misbehavior is quick, intense and undivided. The child's misbehavior may be reinforced. A possible intervention might be to change the teacher's behavior in order to prevent eliciting the child's response of misbehavior. Another example would be when the analysis of the on-task and off-task behaviors shows that a child is always off-task in large, noisy groups, but may be on-task while working alone. The intervention might include removing the child from large groups or insulating him or her in some way during noisy, large-group activities.

Frequently the school social worker initially is told by those who refer the student that the child has a problem or that the child _is_ a problem. This view would imply that the child must be changed for improvement to occur. The assessment may reveal that the environment or the people around the child may need to change to improve the child's behavior. Using a systems approach to analyze observational data requires tact and diplomacy on the part of the school social worker. This is particularly the case when people other than the child are asked to change.

Systematic observation is difficult to learn simply by reading the methodology. If the school social worker is willing to practice the method and combine it with a basic understanding of systems, systematic observation can become a valuable part of the social work assessment and planning of effective intervention. The school social worker may find that the use of systematic observation increases professional credibility in the eyes of clients—both school personnel and parents.

ABOUT THE AUTHOR

Catherine Nelles Moon, ACSW, is currently practicing school social work in Shakopee, Minnesota. Previously she worked in Iowa at AEA 4 and AEA 11, after receiving her Master's degree from the University of Iowa in 1982.

REFERENCE

Anderson, R. C., & Carter, I. E. (1974). Human Behavior in the Social Environment. Chicago: Aldine.

AUTHOR NOTES

A version of this paper was presented by the author at the Iowa School Social Work Conference on March 15, 1985, in Des Moines.

FOOTNOTES

[1] The methodology is based on notes from a presentation given by Galen J. Alessi in 1982 and on Sarah Messmer's manual, Techniques of Systematic Observation at Home and at School, written for a workshop held in Fort Dodge, Iowa, in September, 1982.

[2] The Observation Protocol was produced by the Western Michigan University School Psychology program and presented at the workshop in 1982 by Galen J. Alessi.

READINGS FOR FURTHER STUDY

Jackson, D.A., Della-Piana, G.M., & Sloane, H.N. (1973). How to establish a behavior observation system: A self-instructional program. Salt Lake City: University of Utah Bureau of Educational Research.

Loomis, A.M. (1983). A technique for observing the social behavior of nursery school children. Child Development Monographs, Monograph No. 5, New York: Teachers College, Columbia University.

Milby, J. B., Jr., Willcutt, H.C., Hawk, J.W., Jr., MacDonald, M., & Whitfield, K. (1973). A system for recording individualized behavioral data in a token program. Journal of Applied Behavior Analysis, 6, 333-338.

Moustakas, C.E., Sigel, I.E., & Schalock, H.D. (1956). An objective method for the measurement and analysis of child-adult interaction. Child Development, 27, 109-134.

Repp, A.C., Roberts, D.M., Slack, D.J., Repp, C.F., & Berkler, M.S. (1976). A comparison of frequency, interval, and time-sampling methods of data collection. Journal of Applied Behavior Analysis, 9, 501-508.

OBSERVATION PROTOCOL[2]

Subject Pupil	Grade	School	Observer	Date

Reference Pupil	Class Subject	Teacher	2nd Observer	% Agreement with 2nd Observer

Unless otherwise noted this observation is to compare the task behavior or activity level of the subject pupil with that of another pupil (who is not of concern) under the same conditions to establish the degree of my departure from the norm for that class activity.

A 30-second time sampling observation was used unless otherwise indicated.

Classroom activity and explicit rules in effect at time of observation:

BEHAVIOR CODES

T = on-task
O = off-task or
  V = verbal noise off-task
  M = motor off-task
  P = passive off-task

GROUPING CODES

L = large group
S = small group
1-1 = one-to-one
I = independent activity
F = free time

TEACHER ATTENTION TO PUPIL

+ = positive attention
- = negative attention
/ = neutral attention i.e. giving directions
O = no attention

	TIME	SUBJ. PUPIL	REF PUPIL	ANECDOTAL NOTES ON BEHAVIOR	GROUPING	TEACHER RESPONSE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

SUMMARY 19/20% = 95% 8/20% = 90% 17/20 = 85%, etc.

TASK-CENTERED TREATMENT WITH BEHAVIORALLY DISORDERED STUDENTS

Kate McElligatt

ABSTRACT: Task-centered treatment offers an effective method of intervention for behaviorally disordered students. The approach, developed by Reid and Epstein of the University of Chicago, emphasizes short-term intervention and limited goals. The model has been tested in the schools and is applicable to middle-elementary students and older. The model requires that the client define the problems and combines work with school personnel to change classroom conditions. The middle phase of treatment, which involves formulating tasks with the client to alleviate selected problems, is illustrated in a case example.

The challenge of delivering quality social work services in the schools is becoming increasingly complicated. The revisions of the Iowa Rules of Special Education (1985) delineate careful procedures for the identification of LD and ED students, as well as require record-keeping to satisfy demands for accountability. The effects of those revisions and the pressures generated by reductions in educational spending are stressing current systems of service delivery. School social workers are compelled to respond to these trends in special education by adapting their interventive strategy. Task-centered treatment offers an efficient and effective method for helping clients achieve limited goals. The model has been used with school-age children and adapts easily to the requirements of intervention with behaviorally disordered students. The purpose of this paper is to define task-centered treatment and describe the sequence of procedures carried out by the practitioner and client.

DESCRIPTION OF THE MODEL

Task-centered treatment is a social work model of "time-limited intervention in which clients work on explicit tasks as a means of resolving problems in living" (Blizinsky & Reid, 1980, p. 89). Interventions are focused on specific problems identified by the client and practitioner. The model organizes the change process into a logical progression of phases, including a start-up phase, a contract phase, a problem-solving phase, and termination.

The task-centered model, developed by Reid and Epstein of the University of Chicago School of Social Service Administration, utilizes familiar casework methods within a novel structure of planned, short-term intervention. Theoretical constructs underlying task-centered treatment are drawn from general systems theory, communication theory, role theory, psychoanalytic theory, and learning theory (Reid & Epstein, 1972). Practitioners can use any compatible theory or combination of theories that help them to understand clients and their situations.

PHASES OF INTERVENTION

Assessment

Assessment of the client and the situation takes place in the first two sessions. "Assessment consists of exploration, classification, and specification of the problems. The important conditions in the environment are identified first, followed by observation of the person's special traits, including problem behaviors" (Epstein, 1977a, p. 4).

The State of Iowa (Department of Public Instruction, 1985) defines "behaviorally disordered" pupils as those students whose behavior deviates significantly from behavior appropriate to one's age or peer group. The behavior of concern must be observable in the school setting and of sufficient severity as to require special education programming. Data collection must include a description of the environment and the student's social functioning, recording of actual observed behavior, documentation on behavior observed by teachers and parents, and an individual assessment of the student's behavior patterns and personality. The information required by the Iowa Rules of Special Education (1985), is consistent with, but more comprehensive than, the data needed for treatment purposes using the task-centered model.

Problem Identification

In the initial interviews, "problems perceived by the client are elicited, explored, and clarified by the caseworker" (Reid & Epstein, 1972, p. 21). The problems then are ranked in order of priority, the primary problem being that which the client is most eager to resolve.

Target problems should be stated in terms of observable behavior. The problem statement should describe what the client does and depict the setting in which it occurs. It should be obvious whether the behavior represents an excess or a deficit. Goals are formulated from the target problems. Goals state what the behavior of the client and the environmental conditions should look like after the intervention is completed.

With children, it may be necessary to be more active in directing the consideration of problems and priorities (Epstein, 1977b). Practitioners are cautioned against dictating the problems to the child.

There is a tendency to accept the referent's definition of the problem as the "real" problem. The task-centered model requires that interventions adhere to the client's formulation of the problem, even though others frequently point to pathology in the child or the family (Epstein, 1977b). Direct treatment of the child, therefore, is combined generally with work with school personnel to change specified classroom conditions. Consistent with task-centered practice, clinical pathology is considered only if the problem cannot be located in the social context.

Negotiation between the parties may be necessary if the child rejects the opinion of professionals or parents. The client's right to self-determination is practiced literally in task-centered treatment. "If the client does not acknowledge a problem that would provide an acceptable target of intervention, the practitioner attempts to determine if one is present through a systematic review with the client of possible problem areas" (Reid & Epstein, 1972, p. 21). If agreement is not reached within the first several interviews, there is no basis for continuation of services.

In the schools, teachers are interviewed to obtain information about the problem, clarify their expectations, and obtain their cooperation in undertaking future actions to help the child alleviate the problem. Parents are also interviewed, often with the child present, to obtain their views on the problems, elicit their participation, and assess the social context of the problem. If the child meets the guidelines for services and all parties are in agreement, a written contract, or IEP, is developed.

Contracting

The service contract is an essential element of the task-centered process. According to Epstein (1977a), the purpose is "to establish an agreement to reduce particular client target problems by undertaking specific tasks" (p. 89). The contract specifies problems, goals, tasks, and the duration of services, which parallels the content of the special education student's IEP. The purposes of the contract or IEP include planning the course of the intervention, measurement of change, and communication between the persons involved in the change effort.

The practitioner and the client focus their initial efforts upon targeting the problems and describing the nature of the tasks needed to alleviate the problems. Once this is accomplished, a joint decision is made on the approximate frequency and duration of services (Reid & Epstein, 1972). Further interventions are directed toward helping the client plan and carry out tasks to alleviate the target problems. According to Reid and Epstein (1972), practitioners typically hold 8 to 12 interviews over a period of 2 to 4 months, meeting with the client on a weekly basis. In the schools, the median amount of treatment has been nine interviews with the student over a period of 11 weeks (Epstein, 1977b).

Caseworker Communication

Task-centered treatment is designed to be carried out in a step-by-step progression. The practitioner is expected to be systematic and responsive in her communication with the client. Systematic communication is that which advances the completion of a particular step. Responsive communication "provides the client with the kind of feedback that encourages his self-expression, helps him feel accepted and understood, and enables him to comprehend and make use of the caseworker's input" (Reid & Epstein, 1972, p. 127). Reid and Epstein (1972) describe specific types of communication that occur within the task-centered interview:

> (1) Exploration of the client's problem, task possibilities, and task-related behavior; (2) structuring the treatment relationship and communication within it; (3) enhancing the client's awareness in ways to help him overcome obstacles to, or otherwise facilitate task achievement; (4) encouragement of task-directed behavior; (5) suggesting means of task accomplishment. (p. 23)

The task-centered practitioner concentrates on what is said and done, not on the "relationship" (Epstein, 1977a). Direction is used to a greater extent than in many other models. The practitioner feels free to suggest, recommend, and provide opinions and information.

Task Achievement

Once agreement on the problem has been reached, tasks are formulated and selected in collaboration with the client, in the first interview if possible. A task defines what the client is to do to alleviate the problem. The task represents both an immediate goal the client is to pursue and the means of achieving the larger goal of problem alleviation (Reid & Epstein, 1972, p. 21). Tasks are specific actions that clients undertake. In general, the clients formulate their own tasks. Tasks must be structured so that they are reasonable and attainable. The worker may help the client to modify the task so that the chances for success are increased. If the client has difficulty formulating a task, the practitioner may suggest or assign a task.

Interviews during the Task Achievement (or middle) Phase of treatment "generally begin with a review of what has been attempted and accomplished since the preceeding visit" (Reid & Epstein, 1972, p. 177). The practitioner explores with the client what they did, any obstacles they encountered, and the success or failure of their efforts.

The body of the interview is spent on devising tasks and planning their implementation. Clients may need to be taught how to do task work through the use of techniques such as instruction, demonstration, role playing, or rehearsal. During this phase, the practitioner "makes use of an eclectic combination of interventions--from insight development to dispensation of tangible reinforcers" (Reid, 1975, p. 3). In order to enhance task achievement, the practitioner must establish incentives for task completion and anticipate and discuss possible obstacles. Frequently, the practitioner commits herself to undertake actions on behalf of the client outside of the interview. The assistance of teachers, parents, and others is often solicited. The final portion of the interview is devoted to reviewing the client and practitioner tasks to be carried out before the next meeting.

Case Example

Tim is a 14-year-old eighth grader who is being served in a resource program under the categories "behaviorally disordered/learning disabled". Tim has a history of withdrawal, lethargy, poor motivation toward schoolwork, academic failure, and test anxiety. Tim's expressed goal is to pass all of his classes. The resource teacher reports that Tim does well when she pretests him on material in the special classroom, but he fails to give the same correct responses on tests in the regular class. Tim has identified the problem as a failing grade in

Social Studies due to low test scores. The worker and Tim are planning the implementation of a task.

WKR: I don't know if you can bring your grade up in the last 3 weeks. Do you think you might be able to bring it up to a D or a D-?

TIM: Yeah.

WRK: I think you might be able to. What would you have to do in order to bring it up?

TIM: Take my work down to Mrs. G.'s room and have her help me with it.

WRK: Okay. Are you talking about your tests or your daily work?

TIM: Both.

TIM: That's what I used to do last year.

WRK: You took tests there?

TIM: Yeah.

WKR: And this year, in the next few weeks, you want to take your assignments and tests to the resource room for extra help. Is that all right with your teacher?

TIM: Yeah.

WRK: You already know that it will be fine with her?

TIM: Yeah.

WRK: Good. What period of the day can you get help from Mrs. G.?

TIM: Sixth.

WKR: Is that your study hall?

TIM: No. Social Studies.

WKR: Do you have to ask to leave class early or would she send you down?

TIM: I think I have to ask.

WKR: So, if the teacher passes out a test or assignment, you would ask, "Can I take it to Mrs. G.'s room?"

TIM: Uh huh.

WRK: Great. Do you know what asking to go down to Mrs. G.'s room will do? It will tell your teacher that you are really interested in passing. If you sat in class,struggled with it, took it home, and it still wasn't passing work, the teacher won't see that you're trying to raise your grade. But if you ask to leave, she's going to think, "Boy! Tim doesn't want to fail. He wants to get some help." Is there anything else you could do for your Social Studies grade to show her that you want to pass?

TIM: (pause) That's all I can think of.

WRK: The only other thing I can think of is trying to ask or answer a question. Is that something you would be willing to try to do?

TIM: No.

WRK: Well, you've got a good plan. If you ask to take your daily work and tests to the resource room every time you get an assignment in Social Studies, it should help raise your grade. I'll be interested in hearing how it goes next week.

This portion of an interview illustrates the Task Implementation Sequence. The sequence begins with identifying a specific problem with the client and formulating a behavioral task designed to alleviate the problem. To facilitate its implementation, the worker asks the client for a detailed plan, raises the issue of possible obstacles, points out the positive consequences of successful completion, and gives encouragement. Finally, the worker summarizes the task and the plan.

Termination

The stage is set for the process of termination in the first interviews when the duration of treatment is specified. In the final interviews, clients are helped to identify their achievements and to apply what they have learned to remaining problems. Practitioners are discouraged from granting extension to the contract.

Evaluation of the effectiveness of treatment primarily involves measurement of two variables: (1) How many of the tasks undertaken were completed? partially completed? not completed? (2) How many of the goals were achieved? partially achieved? not achieved? According to Epstein (1977a), "In the task-centered model, it is expected that many clients will approximate rather than completely achieve goals" (p. 105). The client and practitioner also subjectively assess the client's situation at the point of closing and identify remaining areas of difficulty.

DISCUSSION

Task-centered treatment has been found to be an effective method of providing goal-oriented social services in field tests in a variety of settings over the past 10 years. The model has been used in schools and adapts easily to the requirements of school social work practice with behaviorally disordered students. As schools are looking to eliminate wasteful and ineffective practices, social workers are challenged to prove their worth.

Social workers who adopt the task-centered approach can enhance their effectiveness by socializing the client into their role. They can maintain the focus in the session on target problems. Using directive techniques is appropriate, and involving significant others in the task work is particularly effective.

No brief treatment model can provide a panacea for all problems of school children. The model is less applicable to certain groups: the very young child, the nonverbal child, the seriously emotionally disturbed child, and the seriously mentally disabled or brain damaged child. Additionally, certain family situations "may produce wholesale disruption in the normal processes of child development" such that a family treatment modality pursuing more ambitious goals is called for (Reid & Epstein, 1972, p. 206).

It will not be easy for many social workers to embrace a model that emphasizes limited goals rather than the "big cure". Holding the focus of attention on narrow and specific problems will be difficult for many practitioners. Certain practitioners will reject the notion that "relationship" is not central to the change effort.

While many problems prove intractable to social work services, research does suggest that planned, short-term intervention often yields good results. Task-centered treatment offers a practical and effective method of addressing many of the behavioral problems that children exhibit in the school setting.

ABOUT THE AUTHOR

Kate McElligatt, ACSW, LSW, has been employed as a school social worker for AEA 7 since 1976. She received training in Task-Centered Treatment at the University of Chicago in 1978 and has since used it in her practice in the schools. She presented a workshop on the use of the model at the Midwest Conference in 1981. She has been an adjunct instructor in the Department of Social Work at the University of Northern Iowa. Kate received her MSW from the George Warren Brown School of Social Work at Washington University, St. Louis, Missouri. She is listed in the NASW Register of Clinical Social Workers. Her professional interests include family therapy, group work, and family alcoholism. Kate recently received a grant to train special educators to understand and intervene with children of alcoholics.

REFERENCES

Blizinsky, M.J., & Reid, W. J. (1980). Problem focus and change in a brief treatment model. Social Work, 25, 89-93.

Epstein, L. (1977a). How to provide social services with task-centered methods: Vol. 1. Chicago: The University of Chicago School of Social Service Administration.

Epstein, L. (1977b). A project in school social work. In W. J. Reid & L. Epstein (Eds.), Task-Centered Practice (pp. 130-146). New York: Columbia University Press.

Iowa Department of Public Instruction. (1985). Rules of special education. Des Moines, IA: Department of Public Instruction, Division of Special Education.

Reid, W. J., & Epstein, L. (1972). Task-centered casework. New York: Columbia University Press.

Reid, W. J. (1978). The task-centered system. New York: Columbia University Press.

Reid, W. J. (1975). A test of a task-centered approach. Social Work, 20, 3-9.

A SOCIAL SYSTEMS MODEL FOR SHORT-TERM COUNSELING INTERVENTION WITH INDIVIDUAL BEHAVIORALLY DISORDERED STUDENTS

C. Joan Heifner

ABSTRACT: A model for the facilitation of behavior change with individual behaviorally disordered students is presented. The model includes the assessment procedure and the criteria that leads to the recommendation for individual student intervention. The identification of intervention goals, a description of the change process, and the evaluation of the student's progress preliminary to the termination of the service are also included.

The school setting provides an excellent opportunity for the utilization of social work services with BD students. The role of the school social worker demands that change occur quickly to enable the student to receive the maximum benefit from an educational program. Access to significant persons involved with the student facilitates the coordination, evaluation, and responsiveness by the worker and is supportive to the change process.

A social systems model of assessment and intervention with BD students utilizes techniques based on an understanding of systems and communications theory (Bandler & Grinder, 1975; Watzlawick, 1981). The systems model is a means of analyzing phenomena by showing the relatedness of the elements that constitute the phenomena. The chief ingredient of a system is energy. Energy is defined as the ability to take action or to effect change. Anderson and Carter (1974) state that "what occurs in social systems are 'transfers of energy' between persons or groups of persons" (p. 10). Although energy itself is not seen, "its presence is inferred from the effect on the system and its parts" (p. 10). "Energy must be structured in order to be useful" (p. 11).

THE ASSESSMENT PROCESS

The primary purpose of a school social work assessment from a social systems perspective is to come to an understanding of the nature, intensity, and purpose of energy interaction. This invariably involves the student's problem behavior and the significant others who are interacting with the student. The underlying assumptions include the following: (1) behavior is goal directed; (2) behavior serves a perceived positive outcome; (3) a system is simultaneously predisposed to growth and change and to resistance to change and maintenance of the status quo; (4) a system functions as well as it can at any given time.

The assessment includes data gathered from interviews with school personnel, the student, parent(s), and other concerned parties; a file review; and observations. Evaluation instruments such as self-concept scales and sentence-completion questionnaires also may be administered. A social and developmental history form may be used to interview parents.

The student is the "focal system" of the assessment process. The outcome of a social systems assessment answers the questions: At what point is intervention likely to be beneficial? What is to be accomplished? How can it best be accomplished? To answer these questions, the worker examines the data to determine what is being accomplished by the presenting configuration of interactions. How much power is being exerted by the various components involved? How much power does each component have in relation to the other?

Individual intervention with BD students is appropriate when a relationship base between the worker and the student has been established and when the student has enough energy in relation to other components to make change possible. Other types of interventions are recommended under the following circumstances: (1) when such a relationship base cannot be established; (2) when behavior appears to be non-goal directed, as associated with attention deficit disorders or out-of-control behaviors such as with addiction; (3) when energy demands are beyond that which the family or student is able to sustain and long-term services are indicated; (4) when the student's behavior is so severe that the energy needed for remedy necessitates hospitalization, institutionalization, or long-term services from a community agency.

A social systems intervention approach utilizes the interaction process as the vehicle for change. The worker trusts the student's disposition toward positive change and lends his or her energy to the student's energy in those aspects that are oriented toward change. Watzlawick (1981), Weakland (1983), and Haley (1976), among others, have described interventions where problem behavior is viewed in the context of other behavior and where change takes place in the interaction process.

The establishment of a relationship base is key to this process. The student interview is important because it is the only opportunity to establish such a relationship. Characteristics that enable a worker to lend personal energies to the student in the change process are delineated by Carl Rogers as "congruence", "unconditional positive regard", and "empathic understanding" (1961, pp. 61-62). These characteristics are also important in the interview process.

THE STUDENT INTERVIEW

The worker sets three goals in the student interview/s:

1. To discover the student's positive goal, which is associated with the problem behavior. This is the student's investment in the presenting behavior and in the possible intervention process.
2. To establish a relationship with the student. This is the means to change.
3. To understand the student's energy capacity; the direction, intensity, and proportion of interactions; and the positive purpose/s being served. This reflects the student's ability to achieve the desired change with the assistance of the worker. The appropriateness of the individual intervention model rests on this deciding factor.

Data is collected by interview and the use of evaluation instruments such as self-concept scales and sentence-completion questionnaires. The worker/student relationship is begun as the student experiences the acceptance of the worker.

Information regarding the student's goal/s is often embedded in a significant event, issue, or relationship around which the student's energy is organized. Clues to this information are such statements as I wish, I want, I will, I won't, or similar feeling statements (Maple, 1984). The core issue for the student is often identified, and the change process is begun as the student experiences the worker listening and seeking to understand and accept his or her perception of reality. The student frequently responds with sighs, tears, sobs, or visible relaxation.

INTERVENTION/THE CHANGE PROCESS

When the recommendation for individual student counseling is made, specific IEP goals and objectives are formulated based on the evaluation data and the student's needs. The worker begins the intervention process with three types of goals in mind:

1. The outcome goal/s as stated in the student's IEP, which are specific to the student's school behavior.
2. The student's goal/s as identified by the assessment data.
3. The worker's goal, that is, the use of self to guide the process. The ultimate goal for the intervention is to provide an experience in which the student is enabled to function in a positive, self-enhancing manner. The student is helped to acquire a larger repertoire of positive behaviors to attain personal goals.

Although the worker's use of self is a consistent factor in the therapeutic process, play therapy, art therapy, or bibliotherapy may be incorporated. The verbal nature of the student, the degree of openness, the level of physical activity, age, and the goal to be accomplished determine which interventions are therapeutically appropriate. Play and art are useful to access feelings for nonverbal and younger children. Books are helpful to address specific topics of concern such as divorce. Intervention consisting solely of student/worker dialogue is an appropriate format for verbal, highly engaged students. The student's pace and language are guides utilized by the worker in the interaction process. The worker works within the student's frame of reference and introduces new elements, perspectives, and alternatives.

CASE HISTORY

Nancy was a 14-year-old eighth-grade student, new in the school system at the beginning of a new term. She was the second of six girls. Her parents were divorced. She had spent the previous year with her father because her mother couldn't "handle" her. She gained the school's attention and was in danger of suspension because of fighting and inappropriate sexual conduct. Academic performance was erratic.

Test information indicated a low self-concept. Energy assessment data indicated that Nancy would deliberately engage in inappropriate behavior when teachers or other authority figures were present. If she were reprimanded, she would respond vigorously. When ignored, she was likely to escalate her behavior. The goal of her behavior appeared obvious. In an effort to compensate for her mother's lack of involvement with her, she seemed to want authority figures to interact with her.

Content information indicated that Nancy felt inferior to her "good" sisters, particularly her older sister. She was very angry at her mother for not providing the nurturing she felt she needed when she was younger. She was "stuck" with her unresolved hurt and needs, and she adopted a tough facade, which further thwarted the satisfaction of her need for nurturance. She resented her mother's honest parenting attempts, because her feelings from the past had not been addressed adequately. Nancy's highly engaging behavior made her an excellent candidate for intervention.

Nancy was seen in six 40-minute weekly sessions. After reevaluation, Nancy was seen in six additional biweekly sessions. The overall goal on Nancy's IEP was that Nancy improve her school performance. An objective was that Nancy meet with the school social worker. A second objective was that Nancy would address identity and self-concept issues. Nancy's relationship with her mother was seen as central to her identity development and her self-concept.

The student's goal was to improve her relationship with her mother. The worker's goal was to respond to Nancy in a manner that would enable Nancy to achieve her goal. The worker's means to this goal was to lend herself to the energy flow to enhance positives.

Since energy data indicated that Nancy sought to engage adults in power struggles, a major strategy was to avoid all such involvements and to ignore all attempts by Nancy to precipitate confrontation, advice-giving, or reprimand. The worker would respond positively to all attempts by Nancy to initiate appropriate interaction. Whenever possible the worker would interpret the student's negative attempts at interaction in terms of what appeared to be the student's desired positive outcome. For example, Nancy's bitter complaints about her mother would be defined in terms of how much she cared for her mother and wanted to be involved with her.

Nancy was a delightful student. She had a sophisticated repertoire of behaviors designed to engage adults. This included profanity, obvious lying, elaborate storytelling, and announcing that she was doing her boyfriend's schoolwork. All such behaviors were ignored.

In one of the first sessions Nancy was liberally using profanity with a deliberate air. Since there was no response, she said, "I suppose I really shouldn't talk that way." The worker's response was to the effect: "I guess you know what you are doing." From that point, it was evident that Nancy began to consciously self-correct her language.

About 15 minutes into another session, while the worker and Nancy were visiting, Nancy looked the worker in the eye and slowly slid her books off the top of the desk and onto the floor. The worker continued the conversation as though nothing had happened. Later in the session, Nancy unobtrusively picked up the books while the session again continued uninterrupted. It appeared that Nancy carried herself with a little more dignity when she left that day.

Nancy often used the sessions to ventilate and clarify her feelings toward her mother. She spoke about what she would like to do as though it were, in fact, what she had done. This process seemed to allow her to express her negative feelings in a safe environment and to enable her to relate more positively at home and in school. Early in the intervention period it became clear that Nancy did not know how to engage her mother in an appropriate way. It was also considered that Nancy's mother had very little energy capacity, may have responded to legitimate needs by Nancy as excessive demands, and that Nancy had chosen to protect her mother by denying her own needs at home and "acting out" in school instead. It then became the task of the worker to respond to

Nancy in a way that would enable her to express her needs at home and yet accept her mother's occasional inadequacies.

Change was evident as storytelling diminished when it was ignored. Nancy began to introduce more appropriate topics and information. Her inappropriate sexual behavior in school stopped completely, and fighting diminished greatly. Nancy began to take more care in her appearance. She adopted a softer, more age-appropriate hairstyle. She began to mention sewing and handiwork projects that she was doing with her mother. She brought books to share and discuss with the worker. Nancy was often waiting when the worker arrived for therapy sessions. She began to talk less about the past and more about current activities as well as about future plans. She appeared more developmentally age-appropriate as she sought to establish her own identity and separate from her mother.

THE EVALUATION PROCESS

Evaluation is ongoing during the therapy process. The worker is conscious of change at all times. This constant awareness informs the worker where and how to lend self to the process.

The final evaluation measure for the school is the accomplishment of the student's goals and objectives as stated in the IEP. This is also considered the by-product of the effectiveness of the intervention. Since IEP objectives are written as specifically as possible, measurement is simplified.

The accomplishment of the student's goal(s) is a measure of the success of intervention for the student. The worker measures the effectiveness of intervention in larger terms. Ultimately, the worker is aware that the IEP goal(s) and student goal(s) are stepping-stones. They lead to increased autonomy and a wider range of self-enhancing behaviors for the student, who is seeking to satisfy legitimate needs.

ABOUT THE AUTHOR

C. Joan Heifner is a school social worker with AEA 4. She has served students in seven school districts from preschool through Grade 12 for the past 5 years. She has been an active member of the Iowa School Social Work Association since 1980 and was selected as 1985 Iowa School Social Worker of the Year. She is currently co-chair of the Certification Committee. She received her MSW from the University of Iowa in 1980, her BSW from Briar Cliff College, Sioux City, Iowa, in 1978, and her AA degree form South Dakota State University in 1960. She is especially interested in the principles of change at all system levels and has been active in program development within her community.

REFERENCES

Anderson, R. C., & Carter, I. E. (1974). *Human behavior in the social environment*. Chicago: Aldine.

Bandler, R., & Grinder, J. (1975). *The structure of magic I.* Palo Alto, CA: Science and Behavior Books.

Haley, J. (1976). *Problem-solving therapy*. San Francisco: Jossey-Bass.

Maple, F. (1984, February). *Consultation skills for school social workers*. Workshop sponsored by the Iowa Department of Public Instruction and the Iowa School Social Work Association.

Rogers, C. R. (1961). *On becoming a person*. Boston: Houghton Mifflin.

Watzlawick, P. (1981, November). *Elements of therapeutic communication*. Workshop sponsored by the George Warren Brown School of Social Work, Washington University, St. Louis, MO.

Weakland, J. (1983, April). *Doing therapy briefly with families and individuals*. Workshop sponsored by University of Northern Iowa, Family Resource Center, and Cedar Falls Counseling Academy at Waverly, IA.

AUTHOR NOTES

A copy of the Social Developmental History form is available from the author at Area Education Agency 4, 102 S. Main, Sioux Center, IA 51250.

ADMINISTRATIVE INTERVENTION:

PROCEDURES FOR WORKING WITH DISRUPTIVE STUDENTS

John C. Downs and Donald D. Black

ABSTRACT: Although most public and private schools attest to concern and interest in the social-emotional development of children, little information and few procedures have been available regarding the school administrator's role in meeting this sometimes elusive goal. Of utmost concern are those children who most often are described as behaviorally disordered or emotionally disturbed. School administrators and support staff can provide much needed assistance to classroom teachers in working with disruptive students if they view this assistance as (1) a major part of their responsibility and (2) a teaching opportunity. A description of the development of the Administrative Intervention process is outlined.

"Our philosophy of education is...." Every school system has a philosophy that is basic and applicable across all levels and all subdivisions. When stated in the most simplistic terms, this belief system usually has few national variations--"to take each student from where he or she is academically, physically, socially/emotionally (and sometimes even spiritually), to the furthest point he or she is capable of attaining." That is a commendable philosophy for a social system that has been specifically designed for preparing young people to be successful adults.

The philosophy contains several commitments for each individual who is thrust, either willingly or unwillingly, into the American educational system. At this time, the methods of attaining the various component goals of the philosophy become blurred. Can the needs of the individual best be met by a selection process that will place students into class levels by ability, age, achievement, sex, physical stature, or a variety of other classifications, or can the needs of the individual be met most successfully through heterogeneous grouping?

When the pros and cons of the educational processes are analyzed, it frequently becomes evident that the social/emotional category has been emphasized in the encompassing philosophy, but is often omitted in implementation phases. Whether the individual becomes a good math student or a poor math student, a good drama student or a poor drama student, a good typing student or a poor typing student is, in all probability, less dependent upon academic and physical characteristics than upon the student's social/emotional development (Cartledge & Milburn, 1978; Hops & Cobb, 1973; Stephens, 1978).

Among the students most at risk are those whom the schools have identified as behaviorally disordered/emotionally disturbed. These are the children whose social/emotional development has deviated from the norm to the point that special attention and services must be provided in order to help them meet success in the school program. This special attention is most often provided by a special education teacher but can be supplemented and enhanced through the efforts of building administrators and support staff, for example, school psychologists, school social workers, and counselors. It is through consultative and direct service delivery that administrators and support staff can help to provide children with behavioral disorders the assistance that they need for demonstrating improved classroom and interpersonal relationship skills. Such skills are most often referred to as social skills.

Social skills can and do have a direct impact on students' success in school. Basically, those that get along well do well. It follows that targeted social skills should be developed for those students who have deficiencies and reinforced when students exhibit proper social behavior. For elementary students social skills often become school survival skills--skills that will allow them to remain productive and successful in the school program. For the middle school and secondary students social skills are not only school survival skills, but are also the skills required for employment--employability skills. Because attending school is the job in which students are presently engaged, they should learn these skills in conjunction with their employment--school. As contained in the general philosophy, it is the school's responsibility to see that each student learns appropriate social behavior to the highest level of his or her capability. For those students identified as having behavioral disorders, this responsibility must become the primary educational objective.

School is the final opportunity for most of our youth to learn the social skills necessary to obtain employment and to remain employed. The fact is, most employers will not take the time to improve an employee's social skills. Those employees who have social skills deficits to the point that they cannot get along with their employer and/or fellow employees are the ones most apt to be terminated. The same holds true for school programs. Most schools do not place priority on the mastery of social skills (Carroll & Elliott, 1984) that may well differentiate between success and failure for the student in school, in later employment life, and often in everyday living. School support staff, however, can have an impact upon the school's priorities, especially with those children receiving special education services. Many of those young people were initially identified as having deficient social skill performance.

Social errors, whether accidental or intentional, are teaching opportunities that should not and must not be ignored. They can be signals that all is not well. The person who has made the error can oftentimes correct that error; however, feedback regarding the error must be provided along with an opportunity to learn and practice the appropriate alternative skill. When inappropriate social behavior is overlooked or ignored by school personnel, the student may experience failure somewhere in the employability chain, possibly very early. Many students with inappropriate social skills have already lost their first job, the job of attending school in the mainstream. As a result, for many of these students, success will not come easily. They will likely require the assistance of administrators and support staff to help them learn the prerequisites for success.

Most educators would agree that social skills have a tremendous effect on a student's success in school and later in life. Such student success is considered as important in an effective school program as coverage of the curriculum objectives (Squires, Huitt, & Segars, 1984). Where then should the school begin? What should be done to ensure that all students, especially those with special behavioral needs, learn the social skills necessary for success?

This paper is designed to provide school social workers with background knowledge of a process for assisting school-age youth in acquiring those social skills necessary to achieve success in life. The primary facilitators for this process are building administrators. These are the people in the education process who will most often see the students with the greatest social deficits--the ones who have been "drilled" out of their classrooms to the "office," the ones who are in danger of having their formal education program terminated.

RATIONALE

Among the most serious problems facing our schools today is student misbehavior. The general public, parents, teachers and students have all expressed concern over the issue of school discipline (Gallup, 1984). Even one disruptive student can make classroom instruction virtually impossible (Bauer, 1985). Many school administrators have designed, implemented, and revised numerous plans to assist teachers in dealing with the disruptive students in their classrooms. It is recognized that the seriously disruptive student may be the most difficult situation a teacher can face. It is not unusual that the classroom plans to handle such a situation are often, at best, only moderately successful. Those classroom plans usually include the ultimate attempt by the classroom teacher to resolve the problem of a student out of instructional control--"Go to the principal's office!"

The phrase, "go to the principal's office," allows for various descriptive substitutions--dean, assistant principal, counselor, etc.--whoever the building administrator has designated to assist with school discipline problems. It is recommended that as few personnel as possible be responsible for working with students in an Administrative Intervention program--the fewer the personnel, the greater the potential for consistency. The actual number of designated personnel may vary from as few as one in a small elementary or secondary program, to as many as five or six in a large school or in a school designed to include a large enrollment of students with behavioral disorders.

Several reasons exist for wanting the building administrator or the administrator's support staff to deal with students who can no longer remain in the classroom. The first is fair play and fair treatment for the student. It stands to reason that students will receive more consistent treatment and that the variable of fairness can be controlled more easily when fewer number of personnel are designated to work with students in stressful situations. Second, there is concern about the welfare of the problem students and others (students and staff) in the immediate vicinity. The intervention process begins by isolating the acting-out student as much as possible. This helps protect other students and staff from potential physical harm. Third, when a teacher sends a student out of the classroom, the student is most often no longer under the teacher's instructional control; that is, the teacher is no longer able to maintain a learning environment for that student.

A student is considered out of instructional control when that individual refuses to follow the teacher's instructions. Teachers, for the most part, are group workers. It is not realistic to expect them to spend long periods of time working with individual students who are no longer under instructional control because it takes time, and this time can mean less time on-task for the entire class (Justiz, 1984). The interventionist should see the referred student to 1) give the student the advantage of a prime learning opportunity and 2) give the teacher the necessary assistance for maximizing instruction for the remaining students.

Finally, dealing with or assigning support staff to work with students who are out of instructional control is, or should be, a major component of the building administrator's job. If administrators believe that the school programs they have implemented are totally for the benefit of their students, they should be using their skills to keep these students in the program. The administrator's office should not be the place where students make the decision to leave school--where dropouts are created. Time spent with these needy students, including those assigned to special programs, should become learning opportunities for them. The way an administrator deals with a student in a stressful situation often determines whether that student remains as a part of the program or leaves and becomes a problem for other segments of society.

WHAT IS ADMINISTRATIVE INTERVENTION?

Administrative Intervention is an effective method of dealing with school discipline problems. More than that, the process contains many of the elements expected of an instructional leader in an effective school program (Squires, Huitt, & Segars, 1984). It is an opportunity for the leader to model appropriate behavior, to demonstrate for the student how he or she can be successful, to engage in a consensus-building process with the student regarding appropriate and inappropriate behavior, and to provide constant feedback to the student during the intervention.

The process itself is composed of a sequential set of instructional components, including procedures for (1) de-escalating disruptive behavior, (2) obtaining and maintaining instructional control, (3) teaching alternative behaviors, and (4) preparing students for classroom re-entry. These procedures are based on the authors' adaptation of the Teaching-Family Model (Phillips, Phillips, Fixsen & Wolf, 1974) to educational settings.

The Teaching-Family Model was originally developed as a community-based, community-directed, family-style treatment program for youths with behavior problems. It emphasizes individual behavioral treatment in a group setting. The individualized treatment program and specific behavioral goals for the youths are based on behaviors that members of their families, their schools, their community, the youths themselves, and the teaching parents decide should be taught (Phillips, et al., 1974).

In 1976 the authors adapted the Teaching-Family Model to a small residential school program in Montana. The success of that adaption resulted in the authors being hired in 1979 to implement a similar model in the school program at Father Flanagan's Boys' Home. At that time, Father Flanagan's Boys' Home, also known as Boys Town, had been using the Teaching-Family Model as its residential-treatment component for 4 years.

Since 1979 over 400 building administrators and support staff throughout the United States have been trained to use the Administrative Intervention procedures. A majority of these professionals have been directly involved in working with students who are identified as behaviorally disordered/emotionally disturbed.

The effectiveness of the Administrative Intervention procedures has not yet been investigated experimentally. Supportive evidence has relied primarily upon consumer feedback from teachers, administrators, parents, and students who have experienced the application of these procedures from a variety of perspectives. To date the Administrative Intervention process has had reported effectiveness with students from the primary grades through high school, with the major use taking place at the middle school age level.

ABOUT THE AUTHORS

John Downs has been an Administrative Assistant for Program Development at Father Flanagan's Boys' Home since 1979. John is a graduate of Eastern Montana College and Idaho State University with a Masters Degree in School Psychology. His previous experiences include 7 years as a school psychologist and 3 years as a special education teacher.

Donald Black is currently an elementary principal in Chinook, Montana, having previously served for 6 years as Director of Education at Father Flanagan's Boys' Home. Don is a graduate of Northern Montana College and Montana State University with a Masters Degree in Education Administration. He has 25 years of educational experience covering both regular and special education.

104

REFERENCES

Bauer, G. L. (1985). Restoring order to the public schools. Phi Delta Kappan, 66, 488-491.

Carroll, J. L., & Elliott, S. N. (1984). Social competence and social skills: Development, assessment, and intervention. School Psychology Review, 13, 264-265.

Cartledge, G., & Milburn, J. F. (1978). The case of teaching social skills in the classroom: A review. Review of Educational Research, 1, 133-156.

Gallup, G. H. (1984). The 16th annual gallup poll of the public's attitudes toward the public schools. Phi Delta Kappan, 66, 23-28.

Hops, H., & Cobb, J. A. (1973). Survival behaviors in the educational setting: Their implications for research and intervention. In L. A. Hammerlynk, L. C. Handy, & E. J. Mash, (Eds.), Behavior change (pp. 193-208). Champaign, IL: Research Press.

Justiz, M. J. (1984). It's time to make every minute count. Phi Delta Kappan, 65, 483-485.

Phillips, E. L., Phillips, E. A., Fixsen, D. L., & Wolf, M. M. (1974). The teaching family handbook (rev. ed.). Lawrence: KS: University of Kansas Printing Service.

Squires, D. A., Huitt, W. G., & Segars, J. K. (1984). Effective schools and classrooms: A research-based perspective. Alexandria, VA: Association for Supervision and Curriculum Development.

Stephens, T. M. (1978). Social skills in the classroom. Columbus: OH: Cedar Press.

ADDITIONAL RECOMMENDED READINGS

Brown, L. J., Black, D. D., & Downs, J. C. (1984). School social skills (S^3) rating scale and manual. New York: Slosson Educational Publications.

Downs, J. C., Kutsick, K., & Black, D. D. (1985). The teaching interaction: A systematic approach to developing social skills in disruptive and non-disruptive students. Techniques, 1, 304-310.

Kain, C. J., Downs, J. C., & Black, D. D. (in press). Social skills in the school curriculum: A systematic approach. NASSP Bulletin.

Phillips, E. L., Baron, R. L., Black, D. D., Coughlin, D. D., Fixsen, D. L., & Maloney, D. M. (1981). Advances in youth care. Boys Town, NE; Father Flanagan's Boys' Home.

Phillips, E. L., Fixsen, D., Phillips, E. A., & Wolf, M. M. (1979). The teaching-family model: A comprehensive approach to residential treatment of youth. In D. Cullinan & M. H. Epstein (Eds.), Special education for adolescents: Issues and perspectives (pp. 203-233). Columbus, OH: Merrill.

Wakefield, S., Black, D., Downs, J., Gilchrist, K., & Phillips, E. (1983). The effects of follow-up on teaching implementation of new programs. Mid-West Educational Researcher, 4(1), 57-58.

INTERVENTION BY PRESCRIPTION IN THE PRESCHOOL:

A PREVENTIVE MODEL

Cheryl A. McCullagh

ABSTRACT: A preschool project based on the Intervention by Prescription (IBP) model was structured to identify and intervene with preschool students who were exhibiting stress. The impulse control and social developmental scales of the IBP model were used to establish behavioral goals and intervention strategies. An outline of this diagnostic-intervention developmental model is given. An illustrative case example is presented. Implications of this approach for intervention are discussed.

This paper confronts issues that are at the heart of special education: 1) positive growth in individual students who require special education; 2) differential interventions geared toward individual needs; 3) prevention of serious behavior problems by means of early education for both educational and familial systems; and 4) effective multidisciplinary teamwork by special education professionals. The developmental Intervention by Prescription Model (IBP) was employed as the paradigm from which to assess the needs and to structure interventions for behaviorally disordered preschool children. The model also addresses the needs of undiagnosed children who are exhibiting significant stress-related behaviors that could lead them eventually to special education status.

THE MODEL

The IBP model was developed by Virginia Rezmierski and associates at the University of Michigan as part of a U.S. Department of Education grant to help school-age handicapped youth. "The goal of the project was to design and demonstrate the usefulness of a developmentally based diagnostic-intervention model for work with emotionally stressed students" (Rezmierski, 1984, p. 10). Rezmierski and Rubinstein emphasize that emotional stress is significant in that "P.L. 94-142 specifies that mildly handicapped and underserved children constitute a priority in addition to severely emotionally disturbed children..." (1982, p. 29). The point at which a child specifically is identified and labeled as behaviorally disordered is somewhat arbitrary. It may occur at any given point along a continuum. A child is singled out by educators who perceive his or her behavior to be interfering with learning and overall development. Too often this identification occurs when the child becomes a significant stressor for the "system" rather than at earlier stages when positive change can occur more easily with appropriate interventions.

Developmental theoriests such as Erikson (1963), Kohlberg (1969), Loevinger (1976), and Piaget (1936/1952, 1937/1954, 1945/1951) set the stage for the emergence of the IBP model. The IBP model "synthesizes developmental, hierarchical theories and couches them in a problem-solving framework" (Rezmierski, 1984, p. 10). Human development is seen as "dynamic" and "continuous", with "distant yet related stages, each one rising from the previous one" (p. 14). Movement upward from one stage to another is a long-term process and occurs only when one stage is securely entrenched in a child's personality. Shifting downward from level to level may occur when circumstances dictate, such as when stress occurs.

The old cliche, "experience is the best teacher," is an axiom of developmental theory. A child cannot simply be taught to behave effectively at the next higher state. This behavioral metamorphosis is the result of integration based on experience (p. 13), thus active involvement in experiential learning takes on new importance.

School social workers and other related services personnel should ask themselves the following critical question: "What does each stage imply for environmental and human intervention strategies, in order that they might facilitate the emergence of the next developmental stage" (p. 17)? No single intervention or treatment technology is sufficient to address all developmental stages and tasks. The door is open for educational professionals to be eclectic in their selection of intervention methods and styles. The interventions are need-related, not age-related. The most appropriate strategy for any given developmental stage therefore determines interventions and programming (p. 9).

Intervention with the IBP model does not require that a problem be so severe as to qualify a child for special education (Rezmierski & Rubinstein, 1982, p. 35). Instead, it is emphasized that early involvement by special education professionals may preclude the need for special education. The model supports preventive intervention, but it does not exclude severely disabled children at the other end of the continuum.

The IBP model supports creative and effective team approaches to intervention. Five progressive steps for effective intervention are identified within this context:

1. Gathering assessment data;
2. Determining the implications of the data;
3. Devising an intervention and monitoring plan;
4. Defining expected intervention outcomes; and
5. Evaluation (p. 33).

How data is gathered is a matter of individual/team choice and may include both formal and informal processes such as clinical interviews, direct observation, direct work with a child, individual or small group role-play activities, problem-solving activities, or the use of standardized instruments. The model encourages seeking several sources of information. It is novel in that the inquiry process is a diagnostic exploration that is guided by sequential developmental questions offered by the IBP model (p. 33). This questioning technique systematically culls out individual and ecological data related to four basic developmental areas--"impulse management, affective investment, social understanding, and conflict resolution" (Rezmierski, 1984, p. 10). For example, Rezmierski (1984) details nine stages of development for the impulse management sequence and cites specific intervention needs for each stage of development. The end result of this problem-solving search is developmentally appropriate interventions.

Behavior modification technologies are often necessary as a major part of the intervention strategy with preschoolers. These children need a predictable, consistent, nurturing environment. "...Many [older] disturbed and behaviorally disordered students show behavioral patterns at developmental stages far below the norm for their age" (p. 14). These children also typically respond well to behavior modification interventions.

Many preschoolers are ready for beginning instruction in self-talk, with adults as models. Cognitive behavioral technologies then become appropriate (p. 19). More developmentally advanced preschoolers may be ready to understand cause and effect relationships. They then are able to anticipate outcomes and delay gratification to some extent. In essence, the rudiments of self-control can be "taught" as adults structure experiences for preschoolers to help them problem-solve or focus on cause-effect relationships.

THE PRESCHOOL PROJECT: METHODOLOGY

The preschool chosen to implement the IBP project is used extensively by AEA 7 as a placement for children requiring a regular preschool experience with support services. As part of the implementation of the project, a brief explanation of the grant objectives and the IBP model was presented by the author and the AEA 7 psychologist at the initial preschool parent meeting in late August, 1984. The pre-referral and prevention aspects of the project were emphasized. Forms giving AEA 7 team members permission to observe the 65 enrolled children were signed by all parents, except one.

A simple rating scale provided by Rezmierski was used by the center teachers to identify those students who were exhibiting stress. Rezmierski had suggested to the AEA 7 psychologist[1] that teachers using the scale be given the following instructions to identify stressed students: "Emotional stress is stress which interferes with [a child's] relationships, behavior, and/or learning. This stress may show up in a number of ways, ranging from aggressive or disruptive behavior to anxious or withdrawn behavior" (V. E. Rezmierski, personal communication, July, 1984).

Urgent— Problem needs immediate attention	Pressing— Problem needs prompt attention	Substantial— Problem needs study or attention	Of Concern— Problem needs watching
4	3	2	1

Figure 1. Rating scale to measure level of stress exhibited by preschool students.

Students scoring 3 or 4 on this scale were observed by AEA team members, who assumed particular responsibility for specific students. Observed problematic behaviors were systematically categorized and tallied. Teachers were interviewed to obtain their impressions and descriptions of identified students' behaviors. Teachers also reported observations by means of the Burks' Behavior Rating Scales, Preschool and Kindergarten Edition, which assesses children's behavioral skills in psychomotor, social, and cognitive areas from a developmental point of view.

The parents of the identified children were notified by the preschool director that their children were exhibiting stress-related behaviors at school and that the AEA team had been asked to observe their children at school. Following the observation procedures, the school social worker interviewed each child's parent(s). The objectives of this initial interview were as follows:

1. Enlist parental cooperation and support for the assessment and intervention process;

2. Communicate the general results of the observation activity;
3. Secure information from the parents regarding their observations of the child's behavior outside of school and their understanding of the child's needs and personality;
4. Discuss with the parents any previous behavior change efforts/ outcomes, and brainstorm possible future interventions.

Parents understood from the onset that their participation was critical and that all interventions would occur only after their corroboration.

At this point, the AEA 7 team, the preschool director and the teacher used all of the gathered data to brainstorm, focusing on the impulse control and social development question-and-answer format of the IBP model. Behaviorally-worded goals and prescriptive interventions were formulated to target specific behaviors and developmental levels of each child. These were refined by the school social worker and presented to the teacher in written format. A copy of this prescriptive plan was also given to the parents.

The social worker contacted the parents as frequently as needed regarding the progress of the intervention. During these contacts parents were helped to better understand their child's behaviors and needs and were given the opportunity to express concerns and ask questions. Behavior management suggestions for the home front were made as parents asked for more help. Clarification regarding the rationale for school interventions was provided.

Systematic behavior observations and teacher interviews were made by team members for 6 to 8 weeks in order to monitor each student's progress and to change intervention strategies or emphasis as needed.

Parenting classes inculcating theories and interventions based on the IBP model were held by the psychologist and social worker. Posttesting was accomplished through re-administration of the rating scale and the Burk's Behavior Rating Scales by teachers.

PROJECT RESULTS

Five students were identified as demonstrating significant stress-related behaviors. Rankings for the 5 students, 4 boys and 1 girl, before and after intervention, are listed in Table 1.

Table 1

Stress Rating Scale Scores Before and After Intervention

Student	Rating Scale Scores Before	Rating Scale Scores After
A	4-3	3
B^2	3-2	3
C	4	2
D	3-2	1
E	3-2	1

A Case Example

Student C exhibited behaviors at school which reflected a poor self-image, lack of confidence, and poor impulse control, at times accompanied by a short attention span. He was often "bossy" in interactions with other children and this precipitated their rejecting him. He demonstrated feelings of anger and behaved defiantly and aggressively. Student C often seemed unhappy and distressed, yet he impressed staff members as being very affectionate and sensitive. He obvicusly wanted to please his teacher, needed acceptance, and wanted to perform well.

According to the IBP model (Rezmierski, 1984), Student C was functioning at impulse management developmental Stages 3 or 4, depending on the situation. He was behaving primarily at the earliest two stages of the social understanding developmental sequence (Rezmierski & Rubinstein, 1984). Goals and intervention strategies were formulated, as suggested by Rezmierski (1984), to correspond with Student C's present developmental levels and to facilitate his ongoing development.

The interrelated behavior goals were outlined and addressed simultaneously:

1. To enhance self-image and increase self-confidence;
2. To bring social skills nearer to the age-appropriate norm;
3. To increase compliance with adult requests;
4. To increase impulse control;
5. To increase self-responsible behaviors and attitudes; and
6. To increase appropriate expression of negative feelings.

Prescriptive intervention strategies were set forth:

1. Immediate and specific positive reinforcement should occur whenever Student C performs tasks adequately and behaves appropriately in social situations. He needs to begin to sense his own abilities and the constructive effects of his appropriate behaviors. Example: "Student C, I like the way you cut out that circle right on the line." Because Student C responds well to affection, the use of appropriate

pats on the arm and back or hugs will serve as special reinforcers.

2. Student C also should be helped to self-evaluate. Example: "You did a good job cleaning up those toys. Do you think you did a fine job putting the toys away?" (Staff may describe very specific behaviors.)

3. Intimidating or difficult tasks can be made more manageable by breaking them down into reinforceable steps or reinforceable approximate steps. Example: "Student C, let's start by doing 'step #1'. Good job; now let's see you do this part. Student C, how does this look to you now (self-evaluation)? I like ______ about it."

4. As student C responds more easily to the above, staff may help him take more responsibility for his own performance by approaching him as follows: "We need to get started on this task. What do you think should be the first step?" ... and so on.

5. In social situations, staff may help Student C by first modeling appropriate social skills. Example: "Student C, if you want to play with Joe, you need to ask Joe if you can play (or share with him). Joe, Student C would like to share your blocks and help you build. Is that okay with you? Thank you, Joe. Okay, Student C, you and Joe can build together now and share the blocks." Student C will gradually be expected to approach children in this manner with less support and guidance from staff. Eventually, verbal and then nonverbal cues can be used by staff. Later still, Student C can be expected to self-initiate this behavior. (Gradually, the external controls are internalized and self-talk is functioning.) Staff members can reinforce each stage with specific praise, physical attention, smiles, and so on.

6. Student C should be encouraged to take responsibility for his own behavior and its effects, to consider alternatives, and to anticipate and plan accordingly. Example: "Student C, what happened when you were bossy and tried to make Joe stand in line right behind you? How do you think Joe felt when you did that? (Staff members initially may need to interpret and supply answers to the questions.) How would you feel if...? Next time, what could you do differently so that Joe will want to play with you?" And so on. The Think Aloud process (Camp & Bash, 1981) will help Student C to problem-solve and will help to foster self-talk skills.

7. Student C can be encouraged to express unhappy or negative feelings very specifically. Example: "I'm mad because Joe wouldn't let me use the red crayon." Staff members can assist him with developing this skill by recognizing Student C's negative feelings and reflecting them back to him. Example: "Student C, it looks to me as if you are very angry...." Staff may then help him to say, "I'm angry because...." Staff members should reinforce any level of Student C's verbal expression of feelings and let him know that the feelings are accepted and "okay".

8. Compliance with adult requests should be reinforced positively and immediately. Use of charts and stickers are recommended, as are "Super Achiever" awards to send home.

9. Rules must be stated clearly and concisely to Student C and restated at the point of misbehavior. Verbal and nonverbal cues may be substituted gradually as Student C internalizes external controls.

10. Time-out periods (approximately 3 minutes) may be used effectively for more serious misbehaviors, with an immediate return to the group and strong reinforcement for appropriate behavior.

Before intervention by the teachers, Student C was off-task 95 to 100% of the time with movement (wiggling, touching others, no eye contact) and talking to self and others. After intervention, Student C was off-task 70% of the time. He showed significant decreases in all aggressive acting-out behaviors as reflected on the Burk's Behavior Rating Scales. This effected increased satisfaction and comfort level from the teacher in the postranking on the urgency rating scale (see Table 1).

Increases in symptoms of anxiety, self-blame, dependency, and poor ego strength were noted, however, on the Burk's Behavior Rating Scales. Intervention goals were only partially met. Indeed, the team members were concerned about the increase in anxious, avoidance behaviors which now were interfering with Student C's acquisition of preacademic skills and were deemed more debilitating by the team than the aggressive behaviors. It may be that the teacher had become more aware of the anxious, avoidance behaviors as the aggressive behaviors diminished. The aggressive behavior may have been covering anxiety caused by family or classroom stress. Certainly the child's previous coping mechanisms in the classroom had been challenged.

Student C's needs required further professional intervention. It was agreed that the teacher was doing all that she could do in the educational setting. The social worker had established a trusting relationship with parents, who expressed frustration regarding disciplining Student C at home. The parents acknowledged the use of very negative, punitive behavior control measures. An older daughter, who was considered gifted, also presented behavior management problems at home and demanded much attention, both positive and negative. Student C imitated some of her misbehavior. He also generally was left in the background, negatively reinforced, and compared negatively with his precocious sister.

The psychologist joined the social worker during a critical parent meeting. The psychologist assumed major responsibility for explaining possible bases for Student C's learning difficulties. The social worker assumed primary responsibility regarding behavior management issues in the home. A referral for full evaluation was facilitated.

Results of this evaluation yielded some areas of cognitive weakness but enough strengths and abilities to rule out a specific learning disability. Student C's behavior was acknowledged as the primary cause of learning difficulty. Student C was categorized as behaviorally disordered with a recommendation for continued regular classroom placement with support services. The social worker facilitated a referral to a community agency for therapeutic assistance related to behavior management and family interaction issues. The AEA 7 social worker will continue to serve as liaison between the community agency, home and school.

DISCUSSION

The IBP model is appropriate for use with behaviorally disordered children of all ages. The model is in the process of being refined as research confirms its applicability and effectiveness. To date, research-based intervention with preschool-age children has been limited.

The author has a growing allegiance to the IBP model based on the results of this project. The model strongly supports the philosophical orientation of the Social Work Code of Ethics. Differential individual assessment and intervention reaffirm the worth of the individual. Application of varying intervention technologies at different stages of development reaffirms the growth potential for each human being. The IBP model "orientation emphasizes normal development rather than pathology, and allows a new kind of partnership between the student and the adult, one based on growth and achievement rather than on a deficit orientation" (Rezmierski, 1984, p. 22) The model emphasizes education and prevention. As educators and family members view children's needs more realistically within a developmental framework, attitudes toward children change. As attitudes change, systems change. Eventually, the significant adults in a child's life can become partners in the creative process of facilitating human growth.

The IBP model is particularly effective in the educational setting, which utilizes a support service model. It asserts that the teaming process is dynamic in itself. The IBP model encourages cooperative interdisciplinary efforts by recognizing individual areas of expertise and specific time frames for their application. The prescription for intervention is based on the identified needs of the child and frees social workers to become involved in various professional endeavors. These include such activities as prevention work, liaison services, consultation, advocacy and system change, coordination of services on a macro level, program development, teaming, direct work with parents, and direct work with children. The model opens avenues for social workers to use their broad range of skills.

The initial implementation of the model in an educational setting requires additional time and effort from special education support staff who must train and consult intensively with educators. The cooperation of school administrators and teaching staff is critical. As classroom educators understand the model and learn to use it effectively, special education support personnel shift to a consultative role, thus saving time and giving them freedom to move on to other areas of need.

We are continually haunted by the children who wait. Their problems are compounded by unmitigated environmental stressors and delayed interventions. The degree of successful, early intervention with each child in need will be measured finally in enhanced human potential, happiness, and productivity, which will have unfolding implications through future generations.

ABOUT THE AUTHOR

Cheryl McCullagh, ACSW, LSW, received her MSSW from the University of Missouri in 1970. She is listed in the NASW Register of Clinical Social Workers. Cheryl has been a social worker with AEA 7 since 1982. In addition, she has done therapy with families and children at a private mental health clinic in Waterloo. Cheryl was a school social worker in the mid-1970s in Illinois and worked for a family service agency in the Chicago suburbs, as well as a mental health clinic/hospital in Missouri.

REFERENCES

Camp, B. W., & Bash, M. A. (1981). *Think aloud: Increasing social and cognitive skills—a problem-solving program for children*. Champaign, IL: Research Press.

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D.A. Goslin (Ed.), *Handbook of socialization theory and research* (pp. 347-480). Chicago: Rand McNally.

Loevinger, J. (1976). *Ego development*. San Francisco: Jossey-Bass.

Piaget, J. (1954). *The construction of reality in the child* (M. Cook, Trans.). New York: Basic Books. (Original work published 1937).

Piaget, J. (1952). *The origins of intelligence in children* (M. Cook, Trans.). New York: International Universities Press. (Original work published 1936).

Piaget, J. (1951). *Play, dreams and imitation in childhood* (C. Gattegno & F. M. Hodgson, Trans.). New York: Norton. (Original work published 1945).

Rezmierski, V. E. (1984). Developmental interventions with behaviorally disordered youth. In J. K. Grosenick, S. L. Huntze, E. McGinnis, & C. R. Smith (Eds.), *Social/affective interventions in behavioral disorders* (pp. 3-23). Des Moines, IA: Department of Public Instruction, Division of Special Education.

Rezmierski, V., & Rubinstein, M. F. (1984, February). Intervention by prescription workshop: Project Iowa titled "School-aged stress and normal development". Workshop sponsored by Area Education Agency 7, Cedar Falls, IA.

Rezmierski, V., & Rubinstein, M. F. (1982). To punish or to heal: The issues and dynamics of educating emotionally disturbed children. In C. R. Smith & B. J. Wilcots, (Eds.), Current issues in behavioral disorders - 1982 (pp. 21-36). Des Moines, IA: Department of Public Instruction.

SUGGESTED READING RESOURCES

Camp, B. W., Blom, G. E., Hebert, F., & Van Doorninch, W. J. (1977). "Think aloud": A program for developing self-control in young aggressive boys. Journal of Abnormal Child Psychology, 5, 157-169.

deCharms, R. (1976). Enhancing motivation: Change in the classroom. New York: Irvington.

Fagen, S.A., Long, N.J., & Stevens, D.J. (1975). Teaching children self-control: Preventing emotional and learning problems in the elementary school. Columbus, OH: Merrill.

Kegan, R. (1980). Making meaning: The constructive-developmental approach to persons and practice. Personnel and Guidance Journal, 58, 373-380.

Kurtz, P. D., & Neisworth, J. T. (1976). Self control possibilities for exceptional children. Exceptional children, 42, 212-217.

Mager, R. F., & Pipe, P. (1970). Analyzing performance problems or 'you really oughta wanna'. Belmont, CA: Fearon.

Meichenbaum, D. (1976). Toward a cognitive theory of self-control. In G. Schwartz & D. Shapiro (Eds.), Consciousness and self-regulation (pp. 223-260). New York: Plenum.

Meichenbaum, D. H., & Goodman, J. (1971). Training impulsive children to talk to themselves: A means of developing self-control. Journal of Abnormal Psychology, 77, 115-126.

Morse, W. C. (1976). Worksheet on life space interviewing for teachers. In N. J. Long, W. C. Morse, & R. G. Newman (Eds.), Conflict in the classroom: The education of emotionally disturbed children (3rd ed.) (pp. 337-342). Belmont, CA: Wadsworth.

Redl, F. (1959). Strategy and techniques of the life space interview. American Journal of Orthopsychiatry, 29, 1-18.

Schneider, M. R. (1974). Turtle technique in the classroom. Teaching Exceptional children, 7, 22-24.

Selman, R. L. (1976). Social-cognitive understanding: A guide to educational and clinical practice. In T. Lickona (Ed.), Moral development and behavior: Theory, research, and social issues (pp. 299-316). New York: Holt, Rinehart & Winston.

Shure, M. B., & Spivack, G. (1975). A mental health program for preschool (and kindergarten) children and a mental health program for mothers of young children. (Final summary report MH-20372). Washington, DC: National Institute of Mental Health.

Shure, M. B., & Spivack, G. (1978). Kindergarten interpersonal problem-solving (KIPS): A mental health program for kindergarten children. Available from Hahnemann Medical College and Hospital, Department of Mental Health Services, Philadelphia, PA, 19102.

Wood, M. M., & Weller, D. (1980). A developmental approach to life space interviewing: How come it's different with some children? The Pointer, 25(2), 61-66.

AUTHOR'S NOTE

Impetus for this paper came from a Project Iowa (Improving Special Education Services to Behaviorally Disordered Children and Youth) direct service incentive grant, which was awarded to the author and AEA 7 psychologist (currently AEA 7 Family/Community Consultant), Catherine Hill, from the Department of Public Instruction for Summer, 1984. The author appreciates the editing and content suggestions given by Catherine Hill for this paper during the initial stages of writing. The case example, part of the project report, was written by the author. The specific interpretation of Student C's behaviors as reflected in the Burk's Behavior Rating Scales was made by Catherine Hill.

The author extends recognition and gratitude to Annettamae Wittmayer, AEA 7 educational strategist, who was a vital member of the intervention team and a full partner in the implementation of the project. The encouragement and ongoing support of Shalom Child Development Center Director, Jane Zucker, and lead teacher, Barbara Rusch, made the project completion possible. They operationalized the project in the preschool setting.

For further information about the IBP model as it relates to intervention with preschoolers, contact the author or Catherine Hill. Readers may also wish to contact Dr. Virginia Rezmierski, The University of Michigan-Dearborn, Division of Education, 4901 Evergreen Road, Dearborn, MI 48128. Phone (313) 593-5116 or 593-5118.

FOOTNOTES

[1] Theoretical and intervention materials were gathered by the AEA 7 psychologist, Catherine Hill, during consultation with Rezmierski and Rubinstein in Michigan during July, 1984. The materials were refined by Catherine Hill and the author for application with preschool children.

[2] Student B showed decreases in all problem behavior categories identified as significant on the Burks' Behavior Rating Scales, particularly withdrawn and anxious behaviors. Increases were noted in resistant behaviors and anger control. Area Education Agency team members viewed this as overall significant progress, but the "new" acting-out behaviors created discomfort for his teachers.

SERVICES TO FAMILIES OF YOUNG BEHAVIORALLY DISORDERED CHILDREN

Charlene Struckman

ABSTRACT: Stanley Greenspan provides a sequenced progression of infant capabilities integrating cognitive, social, and emotional development. He suggests interventions designed to steer development back on course when the normal progression is impeded. This approach is useful to school social workers intervening with the families of children with behavioral disorders in the birth to 3 age range. The author discusses referral to community resources, coordination of services, parent education and parent counseling based on the Greenspan approach.

The diagnosis and treatment of psychopathology in infants and young children is a growing field. The option to extend Public Law 94-142 special education services to include children from birth to age 3 has brought special educators into this field, which previously was dominated by medical and mental health professionals. This chapter will focus on one aspect of school social work services: interventions with parents of behaviorally disordered children from birth to age 3 using Greenspan's (1981) developmental structuralist approach.

The special education program at AEA 7 that serves children from birth to age 3 is called Home Instruction. The children are served through weekly teacher visits to the home. Additional support services such as social work are provided as needed.

Most of the children in the Home Instruction Program are developmentally delayed. In most cases the delay is related to physical causes such as birth defects, premature deliveries or illness. In some cases, however, behavioral factors are clearly impeding learning and a behavioral disorder is identified. Most behaviorally disordered children in the 0 to 3 age range would be served by a Home Instructor, and a psychologist and/or social worker would be involved either directly or indirectly. In a few cases, the social worker or psychologist may be the only person providing services for a behaviorally disordered child in this age range. When children reach the age of 3, they are likely to be considered for a special multicategorical self-contained preschool class. In milder cases, they might be served by means of support services only in a regular preschool classroom.

The early intervention that is made possible by the mandate from P.L. 94-142 for children from birth to 3 years of age has powerful preventative potential in the behaviorally disordered category. Early dysfunctions in a child's interaction with his or her social environment may become maladaptive psychopathological patterns that interfere with the child's present development and may also exert long-lasting adverse effects. Altering these patterns before they become firmly entrenched may alleviate the need for more extensive special education interventions in later years.

GREENSPAN'S MODEL

Greenspan's developmental structuralist approach provides a useful conceptual model with identifiable landmarks for assessment and intervention for both psychologists and social workers serving the birth to 3 age range. Greenspan draws upon several existing developmental frameworks (Erikson, 1959; Freud, A., 1965; Freud, S., 1953; Kernberg, 1975; Kohut, 1971; Mahler, Pine & Bergman, 1975; Piaget, 1972; Sander,

1962) as well as the more recent rapidly growing body of clinical experience with infants and their families (Fraiberg, 1980; Provence, 1979). Greenspan's contribution is an integrated approach that encompasses the multiple lines of development in the context of adaptive and disordered functioning. The model is especially useful for school social workers serving this age range because its dynamic, interactive approach fits a systems theory perspective. The infant is viewed in terms of his or her unique characteristics, as are the parents. The primary focal point for intervention is the resulting interaction between the infant and his or her caregivers.

Greenspan's biological-adaptation model of development provides a sequenced progression of social and affective skills against which deviant behavior can be measured. Greenspan attempts to translate the complex terminology of the structural theory of development into a language and a set of observations which mental health professionals, educators, and others can put to practical use. He uses adaptation as an organizing theme. He describes five experiential phases or organizational structures corresponding to six stages of emotional and cognitive experience.

The first phase, homeostasis, occurs in the first 3 months of life. The infant achieves the capacity to maintain equilibrium in the face of internal and external stimulation. Attachment, the second phase, lasts from 2 to 7 months. The infant achieves a rich, deep, multisensory investment in the people around him. The child develops a flexible system of contingent affective responses with others during the somatic--psychological differentiation or the third phase, which lasts from 3 to

10 months. The infant also is able to differentiate internal states and express them in different ways. Behavioral organization, initiative, and internalization, the fourth phase, occurs from 9 to 24 months. The child develops complex, organized, assertive, innovative, integrated behavior and emotional patterns. During the final phase, whose duration may span 18 to 48 months, the child gains cognitive insight and the capacity to organize and differentiate imagery pertaining to self and nonself. The basic personality functions emerge in this phase, which is referred to as representational capacity, differentiation and consolidation.

Greenspan's thorough descriptions allow the developmental specialist to recognize the familiar characteristics and sequences of each stage. One of the strengths of this approach is its consistency with empirical research on early development. Greenspan also outlines stage-specific capacities and tasks of infants in timetable sequence. This framework highlights reference points for identifying when certain characteristics become significant developmentally. These characteristics may appear earlier or later, however. Adaptive and pathological formations are possible at each of the stages. Greenspan defines the adaptive infant as one who can organize experience and achieve a state of comfort and harmony. He also evaluates the caregivers according to the degree that their behavior is growth promoting or growth inhibiting in terms of meeting the infant's needs at each stage. He presents the interventions that he and his staff at the Center for Clinical Infant Studies have found most effective in their clinical work.

GREENSPAN'S APPROACH TO INTERVENTION

The primary focus of preventive intervention and/or remedial help in Greenspan's approach is to "transform a growth-inhibiting environment into a growth-promoting environment in the context of the individual needs of the infant" (Greenspan, 1981, p. 61). The assessment begins, therefore, with an examination of the infant's sensorimotor modalities and the presence and strength of phase-appropriate interactive capacities. A similar assessment is made of the caregivers, the range and stability of the affect they express, and their capacity to respond to the infant's needs. An assessment is then made of the way in which the infant and parent interact with each other, read each other's signals, and respond to those signals. During the assessment, all members of the multidisciplinary team are dependent upon one another for accurate information. Each discipline contributes information from its sphere of expertise.

The assessment indicates the kinds of changes that are needed in order for the infant to resume normal development. For example, in the attachment phase an infant may not seem able to use all of his sensory modalities. He may avoid eye contact, for instance. In that case the intervention may involve teaching the parents how to use new stimuli gradually to engage the infant visually. If the infant is hypersensitive to one or another form of sensory stimuli, the parents may be advised to avoid using that stimuli early in the attachment phase. As successful patterns of comforting engagement are found, the parent gradually, in benign increments, may expose the infant to stimulation in the hypersensitive area. Another infant may show only shallow emotions such as weak transitory smiles. In this case the parents may be taught ways to find more intensely pleasurable experiences in order to engage the child. According to Greenspan (1981),

> In all these areas, educative modes may suffice so long as the caretakers are emotionally competent. Education may help these parents interpret the infant's cues and expand and integrate sensory modalities so as to broaden the infant's range of affects. But where parents are emotionally incompetent and where intrapersonal or interpersonal problems interfere with the development of age-appropriate attachment patterns, a more integrated program involving emotional support and exploration in addition to education may be necessary. (p. 62)

This educational process of harmonizing infant needs and parent responses is an important part of the Home Instructor's task. When parents fail to respond adequately, Home Instructors may involve the school social worker or the school psychologist to assist either directly or indirectly. The school social worker's training in bringing about intrapersonal and interpersonal change makes that professional especially valuable at this juncture. The school social worker in this role does not have to be a trained family therapist. The knowledge, skills, and values drawn from social casework will enable the social worker to provide the services needed (Bartlett, 1970; Fischer, 1978; Pincus & Minahan, 1973; Roberts & Nee, 1970). Specific family therapy training will be an asset, however.

REFERRAL AND COORDINATION OF SERVICES

The need for food, shelter, and health care precede the demands of a child's emotional needs. When more primary needs are unmet, participation in a special education program is often impossible.

> Where severe stress, poverty, or other socioeconomic factors interfere with adaptation...cooperation among health, mental

> health, social service, and legal service agencies is critical in providing needed supports. These can range from relief such as that provided by homemakers and surrogate caretakers to psychological relief from unusual financial or legal pressures. (Greenspan, 1981, p. 63)

The school social worker must use knowledge of community resources in order to connect families with the services they need. When community agencies are also involved with a child receiving special education services, the efforts of those involved must be integrated. The school social worker may take a leadership role through phone contacts or by facilitating a meeting, so that all of those involved with the family are working together.

THERAPEUTIC INTERVENTIONS

When parents have significant emotional problems of their own and their interpersonal or intrapersonal problems interfere with the development of age-appropriate patterns, a more therapeutic approach is indicated. In order to help the parents understand and work through their difficulties in a particular phase, the social worker must recognize the way that a particular child or the child's phase of development is contributing to the maladaptive parental patterns. Similarly, the social worker must notice how the family or extended family group patterns are undermining the child's development. The social worker then can help the family to recognize disruptive influences that are affecting the child's social or emotional development. A close therapeutic relationship between the social worker and the parent may allow these growth-inhibiting behaviors and perceptions to be played out in that relationship, enabling the parent to recognize them and correct the problem.

Case Illustration

Amy Smith was a 24-month-old girl referred to the AEA Infant Team by the Department of Human Services because she was withdrawn and not talking.

Assessment

In order to identify Amy as a behaviorally disordered child, it was necessary to gather data describing the qualitative nature, frequency, intensity, and duration of the behavior of concern (Iowa Department of Public Instruction, 1985). The school social worker's contribution to the team evaluation in Amy's case included observations of Amy, both in her day care classroom and at home with her family, and an interview with her mother and the Department of Human Services (DHS) social worker.

The school social worker learned that neighbors had made child abuse complaints to the Department of Human Services. While no significant physical abuse had been proven, enough complaints had been made for the Department to press Mrs. Smith to accept services. The DHS social worker then placed Amy at the day care center hoping that contact with other children would improve her speech. The county social worker found Mrs. Smith to be hostile and resistant. She hoped that the AEA would be more successful in gaining Mrs. Smith's cooperation.

On the home visit the school social worker found a dirty, disorganized household. Mr. Smith worked full time for the railroad and was away from home during the week. Mrs. Smith reported that when he was home he stationed himself on the couch with a beer and refused to do anything to help her with the children. Amy's two older brothers were active and would not obey Mrs. Smith. During the home visit, Mrs. Smith was constantly yelling at them or threatening to spank them.

Mrs. Smith was a tall, heavyset woman who spoke in a loud voice. She stated that she resented the interference of the Department of Human Services. Her only concern about Amy was her failure to begin talking. She saw Amy as a good, quiet child. She was thankful that Amy was not active and hard to handle like her brothers.

Mrs. Smith described her own childhood as having been very unhappy. She stated that her mother had preferred her brother and had made her do all of the household work. Mrs. Smith also reported that her marriage was a mistake. She said that she felt neglected by her husband.

Amy was barely noticeable during the home visit. She stood nearby and watched. The worker was unable to engage her with smiles or toys. For a short while she played with a kitten. When her 4-year-old brother took it from her, she did not protest. Mrs. Smith appeared to accept Amy's passivity as an asset because Amy was not causing trouble like her two older brothers.

At the day care center Amy's passivity was even more striking. She rarely smiled. She was compliant to teacher requests. She did not protest when toys were taken from her. She did not seek out play activities. During the team evaluation at the center, when her mother was present, Amy did not sit by her mother or look at her. When her mother left, she did not protest.

The emerging picture of Amy's behaviors fit the Cluster II definition for the behaviorally disordered, that is, "significantly deviant withdrawn or anxious behaviors (Iowa Department of Public Instruction, 1985, 3). Her excessively withdrawn and compliant behavior was illustrative of a maladaptive capacity in the behavioral organizational phase (Greenspan, 1981).

According to Greenspan (1981),

> As the infant becomes able to differentiate clearly and subtly means from ends, aspects of self from nonself, and significant others in his interpersonal sphere, there develops a capacity for enhanced learning, as evidenced...by...highly organized imitative behavior. It is as though the infant-toddler is now "internalizing" what he experiences...in large, organized, interrelated units. As this capacity becomes more developed, we see the...separation, fear and wariness, curiosity and exploration....(p. 87)

Amy's flat affect and passive behaviors were maladaptive for the behavioral organization phase. She appeared to lack strong skills from the phases preceding it, somatic-psychological differentiation and attachment. The entire team found significant delays in all areas of her development. Higher self-care skills and more age-appropriate perceptual skills caused the team to rule out mental disability or learning disability for the time being, however.

Of greatest concern to the school social worker and the team was the lack of appropriate interaction between Amy and her family. Amy did not watch her mother or approach her in the center or at home. Mrs. Smith also seemed indifferent to Amy. She did not appear to notice when Amy's brother took the kitten from Amy. From Mrs. Smith's report, Amy's father was also uninvolved with her, as was everyone else in the family.

Using Greenspan's model, the social worker was able to show that Amy was not exhibiting age-appropriate social and emotional behavior. The social worker determined that Mrs. Smith was not able to support Amy's emotional and social development because she was too preoccupied by her own needs. She tended to discourage initiative and autonomy on Amy's part because she was jealous of Amy's happiness. She often commented that when she was a child she had never received the kind of warmth and attention that her children received from teachers. She tended to interpret independence as defiance and misbehavior when it was expressed by Amy's brothers. Because of his work, Mr. Smith was not available to the social worker. The reasons for his lack of involvement at home therefore could not be determined directly.

Intervention

The first phase of social work intervention was to coordinate services with the Department of Human Services. The school social worker arranged a meeting, with Mrs. Smith's consent, to bring together all of the professionals working with Amy. The social worker expressed sympathy for Mrs. Smith's feelings of anger and frustration at being forced to work with so many different people. The meeting was designed to clarify for Mrs. Smith what each of these people would do for her and Amy.

Mrs. Smith did not cooperate with Home Instruction at first. When the teacher brought play dough and bubbles, hoping to engage Amy in interaction, Mrs. Smith would not permit their use because they were "too messy". She kept shifting the focus of the Home Instructor's attention to herself. At this point the teacher requested direct social work intervention to bring about changes in Amy's home environment that would support Amy's development.

The school social worker began to visit the home. She made it clear that her visits were for Mrs. Smith--unlike the teacher's visits that centered around Amy's needs. The school social worker gave Mrs. Smith a chance to vent her frustrations, feelings of inadequacy, and denial. Gradually, through the relationship with the school social worker and the Home Instructor, Mrs. Smith began to develop more appreciation for herself as a person and as a parent. By paying attention to Mrs. Smith, the worker was able to help her to feel less threatened and jealous when the teacher gave attention to Amy. The social worker used the interactions that developed to demonstrate to Mrs. Smith how she sometimes misinterpreted the neutral or instructive behaviors of the school social worker and the teacher as being negative or threatening. As Mrs. Smith's perceptions of reality and experience shifted, she was able to see how these misunderstandings were rooted in her feelings of rejection from her childhood.

The social worker then tried to help Mrs. Smith see how she sometimes misinterpreted Amy's behavior as well. Gradually Mrs. Smith was able to see that Amy's exploration was not a sign of aggressiveness or disobedience. She came to take pride in Amy's emerging signs of independence.

Over the year and a half that Amy was involved in Home Instruction with social work support to her family, she began to interact with her teacher, and then with her mother and the world around her. At 3 years of age Amy was able to go to a regular preschool where she received support services in speech. As Amy began to develop age-appropriate patterns of interaction with the world around her, her development in all areas began to progress.

DISCUSSION

Greenspan's approach provides some useful ways to interpret a child's behavior developmentally. This, in turn, suggests changes that need to occur in a child's social environment to promote emotional growth. Working with young children from birth to 3 years of age is a new field for educators. The school social worker must work closely with the rest of the special education team. The perceptions of each of the disciplines involved are needed before an adequate understanding of the child's needs are determined. Intervening with a child's family in the first 3 years of life provides the opportunity to mitigate or eliminate behavioral disorders at their inception rather than after they have become entrenched.

ABOUT THE AUTHOR

Arlene Struckman, ACSW, LSW, is Supervisor of School Social Workers at AEA 7 in Cedar Falls. She has been in preschool services at AEA 7 since 1978 and has served on the birth to 3 evaluation and support team since 1980. She earned her MSW at the University of Iowa in 1976 and taught social work courses at the University of Northern Iowa before joining the AEA 7 staff.

REFERENCES

Bartlett, H. (1970). The common base of social work practice. New York: National Association of Social Workers.

Brazelton, T. (1973). Neonatal behavioral assessment scale. Philadelphia: Lippincott.

Erikson, E. (1959). Identity and the life cycle. Psychological Issues, 1(1). [Monograph 1]. New York: International Universities Press.

Fischer, J. (1978). Effective casework practice: An eclectic approach. New York: McGraw-Hill.

Fraiberg, S. (1977). Insights from the blind: Comparative studies of blind and sighted infants. New York: Basic Books.

Fraiberg, S. (Ed.). (1980). Clinical studies in infant mental health: The first year of life. New York: Basic Books.

Freud, A. (1965). Normality and pathology in childhood: Assessments of development. New York: International Universities Press (Volume VI).

Freud, S. (1953). Three essays on the theory of sexuality. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 7, pp. 135-243). London: Hogarth Press. (Original work published 1905).

Greenspan, S. I. (1981). Psychopathology and adaptation in infancy and early childhood. New York: International Universities Press.

Iowa Department of Public Instruction. (1985). Rules of special education. Des Moines, IA: Department of Public Instruction, Division of Special Education.

Kernberg, O. (1975). Borderline conditions and pathological narcissism. New York: Josen Aronsen.

Kohut, H. (1971). The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissitic personality disorders. New York: International Universities Press.

Mahler, M. S., Pine, F., & Bergman, A. (1975). The psychological birth of the human infant. New York: Basic Books.

Piaget, J. (1972). The stages of intellectual development of the child. In S.I. Harrison & J. F. McDermott, Jr. (Eds.), Childhood psychopathology (pp. 157-166). New York: International Universities Press.

Pincus, A., & Minahan A. (1973). Social work practice: Model and method. Itasca, IL: F.E. Peacock.

Provence, S. (1979, December). A service-centered study: Methods of intervention and outcome. Address delivered at the training institute on "Clinical Approaches to Infants and Their Families" sponsored by the National Center for Clinical Infant Programs, Washington, D.C.

Provence, S. (Ed.). (1983). Infants and parents: Clinical case reports. New York: International Universities Press.

Roberts, R. W., & Nee, R. H. (Eds.). (1970). Theories of social casework. Chicago: University of Chicago Press.

Sander, L. W. (1962). Issues in early mother-child interaction. Journal of the American Academy of Child Psychiatry, 1, 141-166.

SCHOOL SOCIAL WORK INTERVENTIONS WITH FAMILIES:
PROBLEMS AND PROSPECTS

Kyle V. McCard

ABSTRACT: This paper addresses the topic of direct intervention with families by the school social worker. Issues relating to time management, selection of theoretical frameworks, modifications in the clinical model for use in the school setting, and specialized training are considered. Formal family therapy may have limited application by a school social worker; however, the conceptual framework of family therapy theory can be utilized in the design of interventions for educational purposes. The resources of the school setting can strengthen direct family interventions. Case examples are provided.

Direct intervention with families of behaviorally disordered children is one component of the school social worker's strategy for implementing change. This paper will address selected issues for school social workers and school administrators who consider the application of family interventions in the school setting. The advantages of selected applications in response to school referrals will be discussed.

Family intervention, as presented in this paper, is intended to change and enhance the structural relationships in a family system. Specific types of interventions include family therapy, parent counseling and individual counseling with school children. It includes ongoing direct services to individual families, parents and students. It does not include marital therapy, parent education and skills training, or methods which utilize all members of the family solely for assessment in relation to educational referrals.

FAMILY INTERVENTION: ISSUES

Theories of Family Interventions

Numerous theories and approaches to family treatment exist. All share one common assumption: if the individual is to change, the context in which he or she lives must change. The unit of treatment is the set of relationships in which the person is embedded, not the individual. It is outside the focus of this paper to discuss these major theories individually. Each has strengths and weaknesses for use in the school setting. The school social worker must decide personally which model seems most effective with families and appropriate to use with educationally based referrals.

This writer prefers the conceptual framework of the structural family therapy model developed by Salvador Minuchin (1974). This model is well suited for use in the school setting. It emphasizes a team approach that can involve school personnel. Because it formulates the cause and solution to behavioral problems in common sense terms, its jargon is nonthreatening to school personnel and parents. It focuses on obtaining the involvement of specific individuals and the strengthening of specific relationships in the process of change. Since any type of child management technique can be utilized within its framework, parent values and teacher preferences in regard to child rearing and classroom management can be incorporated into the treatment strategy.

Time Commitment and Limitations

School social worker involvement in direct family interventions requires a professional time commitment. It would be unethical and unfair to a family to begin a treatment process without this time commitment. For this reason, it is necessary that the educational service agency have a clear policy that direct family intervention is a top priority in the school social worker's workload and that sufficient time will be made available for it. It may be necessary, however, to limit the number of cases that a school social worker can undertake at any one time.

It should also be kept in mind that some families need to be referred to specialized mental health agencies so that the appropriate type of service can be offered in the technically proper manner. School social workers carefully should screen those families referred for treatment to ensure that services offered through the school are indeed appropriate to the type of problem presented.

The types of family cases that should be referred to agencies outside the school are those with 1) a high degree of opposition to family intervention through the school system, 2) the presence of serious mental illness in one or more of the parents and/or the referred child, 3) a history of serious marital conflict and alienation between the parents, and 4) the presence of serious alcohol or drug abuse by the parents.

Clinical Model Modifications

Modifications in any clinical model may need to be made when it is used by a school social worker. Since services are usually provided either at the school building or in the home, modifications in the manner of presentation of these services to the family may have to accommodate the setting and the facilities available. Systems oriented family therapy, for example, has developed in the past decade in the context of the mental health and child development clinics where video taping, one-way mirrors, and live supervision can be provided. These types of facilities and the manner of conducting family therapy are not routinely available to all school social workers in Iowa who often serve numerous school districts and provide services on an "itinerant" model. Only under specially arranged conditions can the clinical model of systems oriented family therapy be duplicated by a school social worker.

This writer utilizes Minuchin's structural model within the framework of a problem-focused short-term model which lasts from two to six sessions. Family involvement is proposed to the parents as a necessary component in the process to change some aspect of their child's behavior. The behavioral objectives of the intervention are clearly identified for the parents and their participation is directly requested. An agreement for a specific number of sessions is made. School personnel may be included in the sessions. Family interventions are allocated about 20% of this worker's direct service time.

Specialized Training

School social workers who intend to provide family interventions need to have specialized training in the assessment of family systems and the design of family interventions. Classroom education must be combined with live supervision of actual family treatment. It requires training, experience and practice to develop the skill level required to work successfully with the numerous relationships and dynamics in a family system. An introductory reading list is included at the end of this paper.

FAMILY INTERVENTION: PROSPECTS

A key element in the design of interventions directed at the family system by the school social worker is the incorporation of resources unique to the school setting itself. Direct accessibility to school personnel and/or some aspect of the school program can be used advantageously for therapeutic purposes. Case Example 1 involves the use of such school based resources. Case Example 2 demonstrates how family relationships may be realigned by involving only the parents and the school social worker in counseling sessions. Individual counseling with a student at school to prevent a dysfunctional relationship from developing in a family is detailed in Case Example 3.

Case Example 1

A fourth-grade boy presented serious learning and behavioral problems. Many modifications had been made to individualize the curriculum for this student. The referral was first directed at developing more appropriate behavior in the school and on the school bus. The intervention team was composed of the principal, resource room teacher, the classroom teacher, the school social worker and the parents. Special provisions had to be made by the principal so that the two teachers could be released from their classroom duties for 1 hour each week for these sessions. Both parents were requested to attend, and provision was made to involve the student if needed. Determining appropriate behavior management techniques was a mutually agreed-upon goal of the sessions. Each teacher shared information with the parents about what worked well with the student in the school setting. The parents also shared their experiences at home.

Initially the team developed a child management plan that was implemented at school and at home. In each subsequent weekly session, the plan was reviewed and modifications were made if needed. The school social worker acted as the moderator for the sessions and also as a consultant for the team regarding behavioral management techniques. The principal attended the sessions in order to enhance the significance of the project in the minds of the parents and the student and also to emphasize the team concept involving home and school in the solution of this problem. These meetings were held once a week for 6 weeks.

The student's behavior did improve to a satisfactory level. Both parents reported that their parenting skills were improved. The intervention was intended to have a therapeutic effect on the family. The advantages of the school setting, including the strategic presence of the principal at various times in the sessions, were fully utilized. The family system was realigned and a much closer relationship was developed between father and son. Both parents stated that they felt the quality of family life at home was improved.

Part of the school program itself was utilized in therapy with this same family. The parents indicated in one session that they felt it would be helpful if the older brother's self-concept and feelings of success in school could be improved. The high school track coach was persuaded by the principal to allow this older brother to become a manager on the track team. This allowed him to receive a school letter for his successful work as the manager and also to attend the annual sports award banquet. The parents reported that the benefits of that achievement were reflected in improved relationships with all family members, especially with the younger brother.

Case Example 2

A third-grade boy was referred due to serious behavioral problems in school. The parents acknowledged that the father needed to develop a better relationship with his son. A plan was negotiated with the parents, part of which required that the father would spend at least 10 minutes per day with the son doing "fun" activities. The mother would put a red star on the son's behavior chart (which was also used to record other types of behavior) for each day that the father did spend this time with the son. This intervention plan was successful in developing a better relationship between the father and the son. The frequency of the boy's behavioral problems in school decreased significantly.

Case Example 3

A high school senior girl was referred due to depression. Her own explanation was that she was depressed because of her knowledge of her father's alcoholism and his refusal to seek treatment. The girl believed that it was in her power and part of her responsibility to convince the father to seek treatment. Her personal plans were to graduate from high school and attend college in the fall. The individual counseling session with her at school focused on her relationship with her father, her responsibility and power with him, and also her own developmental tasks of physical separation from her family of origin after graduation from high school. It appeared that she might use the alcoholism issue as an "excuse" to remain at home after graduation and not go to college. The counseling was intended to prevent this triangulation from occurring. She did satisfactorily resolve these issues and she did go on to college that fall, although her father did not seek treatment for his alcoholism.

DISCUSSION

Direct family interventions can and have been included as a part of the individualized educational treatment plan for behaviorally disordered children who are either in self-contained classes or special programs. Special arrangements can be made under these circumstances to duplicate a clinical model of family therapy, if such treatment is indicated. In other situations, it may be necessary for the social worker to intervene with the parents and the teacher to facilitate the implementation of a child management program, so that consistency is maintained between home and school.

Some experts would argue that knowledge of the family's structural relationships is a necessary component of any treatment program involving handicapped children. Harris (1982) stated, with reference to a program she had designed for training parents of autistic children to be behavioral therapists:

> Once we began to conceptualize events in terms of Minuchin's (1974) structural view it did become evident that there were interventions that were well thought out from a behavioral perspective, but did not persist due to (structural) influences of which we were largely unaware. As a result, the power of our interventions may have been curtailed.... Even within this context it is important to recognize that the changes we tried to make in the parents' interactions with their child reverberated through the family system. Unless we introduce such changes with sensitivity to their impact upon the family, we run the risk of programming parents and children for ultimate defeat. A family confronted by continuing high levels of frustration and disappointment hardly needs to have another such experience at the hands of professionals who are supposed

to be helpful. (pp. 32-33)

School social workers can play a unique and significant team role in the overall treatment plan for handicapped children by using direct family interventions. It requires a serious commitment of resources by an educational service agency as well as by a staff member to provide direct family intervention services that include more than just making a "home visit." The school social workers who provide these types of direct family interventions need training in family treatment methods. Without the agency commitment and staff training, such interventions may well result in failure and the conclusion that "we tried it and it didn't work."

The practice of family therapy that is conducted according to a clinical model may have limited application by a typical school social worker in Iowa, except under specially arranged conditions. The conceptual framework of a family therapy theory, however, can be used to design interventions that are intended to change specifically the nature of family relationships. The school social worker should attempt to utilize fully the unique resources of the school setting as a component in the design of family based interventions.

ABOUT THE AUTHOR

Kyle V. McCard has practiced school social work since 1977. He is employed by Arrowhead AEA in Rockwell City. He received his MSW from the University of Iowa in 1976. He received postgraduate training in family therapy at the Menninger Foundation in Topeka, Kansas. He is married and the father of two children.

REFERENCES

Harris, S. L. (1982). A family systems approach to behavioral training with parents of autistic children. Child and Family Behavior Therapy, 4(1), 21-35.

Minuchin, S. (1974). Families and family therapy. Cambridge: Harvard University Press.

RECOMMENDED READINGS

Ferber, A., Mendelsohn, M., & Napier, A. (1972). The book of family therapy. Boston: Houghton Mifflin.

Framo, J. L. (1982). Explorations in marital and family therapy. New York: Springer.

Haley, J. (1980). Leaving home. New York: McGraw-Hill.

Haley, J. (1976). Problem-solving therapy. San Francisco: Jossey-Bass.

Haley, J., & Hoffman, L. (1967). Techniques of family therapy. New York: Basic Books.

Hoffman, L. (1981). Foundations of family therapy. New York: Basic Books.

Minuchin, S., & Fishman, H. C. (1981). Family therapy techniques. Cambridge, MA: Harvard University Press.

Scherz, F. H. (1970). Theory and practice of family therapy. In R. W. Roberts & R. H. Nee (Eds.), Theories of social casework (pp. 219-264). Chicago: The University of Chicago Press.

SECTION THREE

GROUPS IN SCHOOL SOCIAL WORK:
SERVICES FOR THE BEHAVIORALLY DISORDERED

Work with small groups, classroom groups, parent groups, and leadership groups suggests the diversity of school social work practice. The authors in this section show how groups of parents or youth can experience positive growth and development. The advantages of using groups to achieve individual and group goals include expanding the opportunity to help, teach, learn, support, and share for all group members. Members can exchange ideas, risk while being accepted, learn new approaches to problematic situations, and know that they are not alone as they share fears, worries, hopes, and aspirations.

Group work in social work, rich in tradition, has been enriched by a variety of practice models. Roberts and Northen's (1976) edited work defines "major theoretical approaches to social work with groups" (p. xii). Since then numerous major works have been published on social group work (e.g., Balgopal & Vassil, 1983; Garvin, 1981; Henry, 1981, Konopka, 1983; Shulman, 1984), while works by Johnson (1977) and Winters and Easton (1983) are specific to group work in the schools.

Other models using groups include affective education and social skills training. Jacobsen and McCabe (1985) note that "in recent years there has been a concentrated effort to teach and practice with these children [Cluster 1] appropriate social skills" (p. 9). They also found that "interventions that are reportedly most effective with anxious/ withdrawn students [Cluster II] include those that focus on social skills training and self-concept improvement" (p. 13). For brief summaries on affective education and social skills, the reader may consult Brown and McKinnon (1983), Coleman (1986) and Shelton (1981). Allen-Meares, Washington, and Welsh (1986) include an excellent "annotated bibliography for social work intervention with pupils, small groups, and classrooms" (p. 252).

One other model of group work, as developed by Vorrath and Brendtro (1985), offers positive growth opportunities for BD students. Virden (1984), a teacher of the behaviorally disordered with prior experience at a residential treatment center, adapted Positive Peer Culture (PPC) for classroom use. His paper details application to students in Grades 3 through 5. McCullagh (1982) successfully used a modified version of PPC with junior high school students in small groups outside of the classroom. Garner (1982) provides a brief history, basic concepts, and a summary of research on the effectiveness of PPC in residential settings and public schools.

Approaches to group work with the behaviorally disordered are plentiful. An overview of the advantages and models of group work has been presented. Numerous decisions--both theoretical and practical--await the practitioner who decides to conduct groups. Should the groups, for example, focus on problem-solving, social skills development, affective education, or task accomplishment? Will the group be co-led, time-limited, or offered in the classroom? Questions abound. The aforementioned sources on group work suggest practical answers as

153

well as offer theoretical approaches. The papers in this section further develop understanding of the advantages of using group work with the behaviorally disordered and their parents.

GROUP WORK WITH STUDENTS

The first paper, by Bryce and Piechowski, presents an overview of the historical development of social group work, cites early examples of group practice, appraises current practice, and details Project Group Work. The authors describe the purpose of the group, stages of group development, typical issues that emerge, and the training in group counseling skills that is offered to selected special education teachers, school social workers, and psychologists. Groups of 8 to 10 students meet in the classroom, sit in a circle, and are "co-led by the school social worker and the students' special education teacher." Seven elements, essential for effective group work, are discussed. The authors conclude that "the Iowa Project Group Work experience suggests that planned small group experiences may provide added impetus for the behaviorally disordered student in the struggle to adjust to the school."

Heer presents a classroom group model for teaching social skills to behaviorally disordered students. Boys' Town Motivational/Behavior System was chosen by Keystone AEA and the Dubuque Community School District for implementation in the BD classrooms. Heer details his involvement with 3 classrooms as a team member working with the BD teacher and school counselor to teach students 14 important social skills. The instructional format, typical class sessions, homework assignments, and student rewards and consequences are described. Evidence for the program's success is given. Heer points to the need for behaviorally disordered students to learn a variety of social skills if they are to survive in school and become productive citizens in later life. While Heer presents a model for classroom use, Downs and Black (Section II) complement the Heer article by suggesting other approaches that administrators can use to help students develop social skills.

Waggoner describes the development and implementation of an innovative after-school social program for behaviorally disordered and socially isolated students. Children who have not adapted to or been accepted by traditional community group programs need an opportunity to belong, to be among peers, to develop and enhance social skills, to learn new activities and develop new interests, to discover and nurture new talents, and to be part of an organization that has purpose and recognition. The social club, Tri-Hi-Y, as described by Waggoner, meets a community need—an outlet for children who have not been or believe they cannot be part of other groups. The historical development of Tri-Hi-Y, the starting-up process, member recruitment, group characteristics, group structure, group format, and group activities constitute a major portion of the paper. Reports by parents, teachers, and students clearly demonstrate the success of Tri-Hi-Y.

PARENT EDUCATION GROUPS

Parent education and training is an essential related service for many parents, regardless of their children's life situation. Most, if not all parents, can acquire new knowledge and understanding of the complex task of parenting. They can develop new skills, try out new applications within a supportive environment, and achieve mastery and renewed self-confidence when relating to their children, setting limits, handling disruptive behaviors, and offering love, nurturance, and comfort.

Bob Gallagher describes "The Child Guidance Workshop," a parent education workshop that he has offered for 12 years with excellent results. He includes the theoretical basis of his model, explains the format of each meeting, describes participant characteristics, and cites the instrumentation used to measure the effectiveness of the workshop. The results are positive. Parents increased knowledge about parenting skills. Their responses to problematic behaviors exhibited by their children became more appropriate, and their children's inappropriate behaviors decreased in frequency and severity.

PARENT SUPPORT GROUPS

Parent groups--formal or informal--break the isolation, the aloneness, the quiet hurt that parents cannot share fully with others who have not experienced the disappointment, anger, puzzlement, and, for many, the acceptance of a child who has a behavioral disorder. Parents need support, understanding, encouragement, acceptance, accurate information and knowledge, and a place to go when no one else can help. Parents need, but parents can also give. Mutual aid is giving and receiving in formal support groups and informal gatherings.

Flieder offers a rationale for social work involvement, suggests advantages for support groups, outlines steps in starting groups, and give examples of successful parent groups. Messmer addresses the specific concerns of parents of autistic children. The steps taken to create a support group, including its purpose, functions, and activities, are described. The leadership role of the school social worker from inception throughout the group's evolution and development is presented. Flieder and Messmer offer practitioners the rationale for and guidelines on how to start support groups. Whittaker and Garbarino's (1983) edited work on Social Support Networks and Coplon and Strull's (1983) paper on "Roles of the Professional in Mutual Aid Groups" may also be helpful guides.

Mutual aid groups can also serve as a buffer when "the interaction between parents and professionals...[is] ineffectual, debilitating, and at times even professionally irresponsible" (Peters & Noel, 1982, p. 49). If agency or school professionals deny related services or educational opportunities to behaviorally disordered children, then parents need to know how to advocate for their children. Support groups can provide information regarding federal and state laws and can teach parents how to be assertive and advocate for their children. Among the many useful guides on advocacy and assertiveness for parents, the works by Biklen (1974) and DesJardins (1980a, 1980b) are particularly relevant for work with children who require special education services.

--J.G.M.

REFERENCES

Allen-Meares, P., Washington, R. O., & Welsh, B. L. (1986). Social work services in schools. Englewood Cliffs, NJ: Prentice-Hall.

Balgopal, P. R., & Vassil, T. V. (1983). Groups in social work: An ecological perspective. New York: Macmillan.

Biklen, D. (1974). Let our children go: An organizing manual for advocates and parents. Syracuse, NY: Human Policy Press.

Brown, L. F., & McKinnon, A. (1983). The why, what, and how of affective education. In R. B. Rutherford, Jr. (Ed.), Severe behavior disorders of children and youth (pp. 98-107). Reston, VA: Council for Children with Behavioral Disorders.

Coleman, M. C. (1986). Behavior disorders. Englewood Cliffs, NJ: Prentice-Hall.

Coplon, J., & Strull, J. (1983). Roles of the professional in mutual aid groups. Social Casework, 64, 259-266.

DesJardins, C. (1980a). How to get services by being assertive. Chicago: Coordinating Council for Handicapped Children.

DesJardins, C. (1980b). How to organize an effective parent/advocacy group and move bureaucracies. Chicago: Coordinating Council for Handicapped Children.

Garner, H. (1982). Positive peer culture programs in schools. In D. J. Safer, School programs for disruptive adolescents (pp. 317-329). Baltimore: University Park Press.

Garvin, C. D. (1981). Contemporary group work. Englewood Cliffs, NJ: Prentice-Hall.

Henry, S. (1981). *Group skills in social work*. Itasca, IL: F. E. Peacock.

Jacobsen, B., & McCabe, L. (1985). *Project repertoire: A resource guide to school social workers with behaviorally disabled students*. Des Moines, IA: Department of Public Instruction.

Johnson, J. (1977). *Use of groups in schools*. Lanham, MD: University Press of America.

Konopka, G. (1983). *Social group work*. Englewood Cliffs, NJ: Prentice-Hall.

McCullagh, J. G. (1982). Expanding services to junior high school students. *School Social Work Journal*, *7*(1), 3-15.

Peters, M., & Noel, M. M. (1982). Parent perspectives about professional and parent cooperation. In M. Peters (Ed.), *Building an alliance for children: Parents and professionals* (pp. 49-76). Seattle: University of Washington, Program Development Assistance System.

Roberts, R. W., & Northen, H. (Eds.). (1976). *Theories of social work with groups*. New York: Columbia University Press.

Shelton, M. (1981). Affective education: The teacher, the student, and the process. In G. Brown, R. L. McDowell, & J. Smith (Eds.), *Educating adolescents with behavior disorders* (pp. 176-191). Columbus, OH: Merrill.

Shulman, L. (1984). *The skills of helping individuals and groups* (2nd ed)., Itasca, IL: F. E. Peacock.

Virden, T. (1984). Supportive peer groups: A behavior management program for children. In J. K. Grosenick, S. L. Huntze, E. McGinnis, & C. R. Smith (Eds.), Social/Affective Interventions in Behavioral Disorders (pp. 69-86). Columbia, MO: University of Missouri-Columbia, Department of Special education/Des Moines, IA: Department of Public Instruction, Division of Special Education.

Vorrath, H. H., & Brendtro, L. K. (1985). Positive Peer Culture (2nd ed.). New York: Aldine.

Whittaker, J. K., & Garbarino, J. (1983). Social support networks: Informal helping in the human services. New York: Aldine.

Winters, W. G., & Easton, F. (1983). The practice of social work in schools. New York: The Free Press.

GROUP WORK IN THE SCHOOLS

Marvin Bryce and Phil Piechowski

ABSTRACT: Group work in the school is often the preferred related service approach with students, particularly those who are eligible for special education. This paper reviews the development of group work in school social work. The historical review includes examples of early demonstration-research group work projects in schools. Current group work practice is reviewed. Project Group Work in Iowa, designed as a related service for behaviorally disordered students, is described in detail. The paper concludes with a brief discussion of the advantages of group work in the school. The authors emphasize the preventive, developmental and remedial nature of the group work method and encourage its application beyond special education.

Group work is one of the basic methods employed in the professional practice of social work. Costin (1969b) noted that in 1900 the New York City Board of Education permitted a resident of the Henry Street Settlement House to form the first class for ungraded pupils considered to have mental defects. Merl (1965, p. 8) pointed out that group work agencies and schools had been cooperating long to provide numerous and well developed group services to school children.

Social Workers in many settings--the sectarian Y's and the settlement houses, the play and recreation movements, informal education, youth organizations and the developing social sciences--looked to the face-to-face group as a means to seek solutions to various problems. The influence of pragmatism taught them to look more closely at the quality of experience and the role of feeling. The first group work training course was introduced at the School of Social Work of Western

Reserve University in Cleveland, Ohio, in 1923.

The model of group work in social work is conceived as having evolved from an historical mainstream. The core values of group work arose in the settlement houses (Phillips, 1974, p. 16-23) and were first developed in a theoretical framework by Coyle (1935). In a landmark paper delivered at the National Conference of Social Welfare, Coyle identified the primary purpose of group work as meeting the social interests and needs of individuals through the medium of group experience, which is both individually developing and socially useful. At the same conference, Newstetter (1935) identified group work as a "field", a "process" and a set of "group work techniques". He described the interactional, sequential character of the helping relationship in groups and pointed out that it is the reciprocal procedure that we may call the group work process. Konopka (1949), working with groups of disturbed delinquents in state training schools, provided leadership and training for social workers interested in the group process.

These pioneers believed that groups provide a medium for individual learning and growth and serve as a channel for affecting social structure and behavioral change. The method employed by the social worker included the knowledge of skills which were perceived to be (1) basic to all social work practice and (2) distinctive for the use of the group as the medium of service. In addition, group autonomy and decision-making in the group context were expanded (Wilson & Ryland, 1949). In subsequent years, as family therapy evolved, these concepts were embraced and new insights were gained in work with the family group. Eventually the importance of defining the group purpose, with special emphasis on the centrality of the here and now, was introduced (Phillips, 1974). The method gained increased acceptance among social workers in public school settings.

During the 1960s, in response to the urgent social problems affecting large numbers of school children and youths, school social work literature began to urge a transition to new goals and methods of work. This movement reflected a new awareness of the school as a social system and a greater readiness of the professions of education and social work to collaborate. Social work in the schools already had shifted from attendance work and delinquency prevention to work with children individually or in groups, helping them to make use of the existing school environment. Doing group work with students (Costin, 1969a; Easton, 1982; Vinter & Sarri, 1965) was among the specific activities that were cited as appropriate for school social workers as they engage in primary and secondary prevention of mental health problems and in fostering optimum development.

Robert Vinter (1965) identified three major orientations in the evolution of group work, presenting them in the order of their historical emergence. He cited first the group work emphasis on democratic decentralization, then described the education and socialization goals, and concluded by defining the focus on treatment or rehabilitation. He noted that no clear or fixed boundaries exist among the three, but they represent different organizing themes around which professional strategies cluster.

EARLY EXAMPLES

The Champaign, Illinois, elementary schools conducted a social group work project from 1949 to 1951. Over 50 boys ages 8 to 13 were divided into 6 groups. The assumption was that selected group experiences might help children resolve interpersonal relationship problems with peers and teachers. They adopted a play-activity orientation to encourage the early formation of small friendship subgroups. As group cohesion developed, activities were expanded and increased responsibility was assumed by group members for planning their own group life. Discussion and consideration of school and interpersonal problems then emerged. Turnover was minimal and group cooperation, the essence of successful group life, increased, as did group morale and solidarity. Teachers, principals, parents and the boys were pleased with the project (Simon, 1955).

Vinter and Sarri (1965) conducted a demonstration-research project to assess the effectiveness of group work in 5 school systems in contrasting communities. Their objectives were to enhance students' educational achievements and to develop group work as a major approach to resolving certain malperformance problems in public elementary, junior high, and senior high schools. A control group design was used to assess effectiveness, and pre and post measures included school grades, attendance records, teachers' behavioral ratings, and pupils' self-reports for approximately 400 students. Ways in which school conditions affected pupil malperformance also were observed and assessed.

In a summary of findings, Sarri and Vinter (1969) reported that malperformers continued to maintain a basic commitment to school success and educational goals even in the face of personal failure. Compared with a control group chosen randomly, malperformers put less effort into school work, violated school norms more often, frequently performed well below their capabilities, and were pessimistic about their future. Teacher ratings showed that experimental group members made greater progress in classroom conduct, academic maturation and performance, general socialization and emotional development.

Significantly, the researcher assumed that malperformance patterns should be considered a result of the interaction of both pupil characteristics and school conditions (Vinter & Sarri, 1965, p. 4). This point of view lends support for social work intervention in the area of defective interaction. The formation and nature of the experimental groups are noteworthy. Salient features included the following:

1. Each member in the group of 5 to 8 students voluntarily contracted with the social worker to work in the group on specific personal problems.
2. Group meetings helped the students to develop new skills and alternative methods for coping more constructively with difficult school experiences.
3. Discussions and activities concentrated on problems manifested in the school. Emphasis was given to the mobilization of students' interest in improving their behavior and academic performance.
4. The groups engaged in selected activities on and off campus, in order to promote learning and change, although such activities were secondary to problem-focused discussions.

In this demonstration-research project, focus was on the current problem situation, and the students explored each situation in group in an effort to search for appropriate responses. Role playing was utilized to help re-create stressful situations.

Both the Champaign and the Vinter and Sarri projects, through group work, aimed to help students learn and practice interpersonal competence and to acquire skills for the establishment of satisfying interpersonal relationships with peers and adults. Simon relied on the dynamics of exchange in the group and progressive group cohesion, cooperation, individual achievement and responsibility for increased successful experiences. Vinter and Sarri, while relying partly on individual contracts emphasizing specific behavioral change, considered that group members were limited in gains they could make unless school personnel, policies, and procedures also were changed. Their project thus provided support not only for the group work approach but also for the social worker's role as negotiator, advocate, mediator and consultant. For more extensive treatment of the mediating model in group work, see Schwartz (1961) and Shulman (1968).

CURRENT PRACTICE

By 1970 two primary theoretical orientations could be identified in group work as practiced in schools. While there were variations in practice, generally the developmental and behaviorist approaches prevailed. The developmental approach is concerned with social functionality rather than pathology, abnormality, or illness and with self-actualization rather than "treatment or cure". Developmentalists attempt to build on strengths rather than analyzing weaknesses. They facilitate ways of more effective coping rather than dwell on the exploration of defenses. More specifically, focus is on the extent to which group members are realizing their potential for (1) self-awareness, self-evaluation, self-activation, (2) awareness of individual others, and (3) awareness of the group situation and what they contribute to and receive from it (Coyle, 1935; Phillips, 1974; Wilson & Ryland, 1949). Thomas (1967, 1974) summarizes the socio-behaviorist approach to group work. This orientation is characterized by common themes in behavior modification theory.

While theories among group workers in schools may differ, techniques employed are essentially compatible. Tropp (1977) suggests that common purposes among practitioners of differing theoretical orientations may be identified. These include the following:

1. The release of feelings that tend to block effective task performances;
2. Support and tapping of latent strengths through belongingness;
3. The receiving of acceptance and affection;
4. Expression, achievement and recognition in the group with a resultant gain in self-esteem;
5. Orientation to reality through seeing others in the same life situation, how others see oneself, and how others handle themselves;
6. The reappraisal of self, which involves clear perspectives of oneself and others, new options for handling situations, increased ability to make judgments, and the assumption of more responsibility for one's own life.

The literature clearly points to the school social worker's role in guiding groups of students toward improved social functioning. Selected programming of activities, opportunities for reality testing, support for mastery of skills, and improvement in behavior and self-esteem maximize the impact of the group experience on the student. The literature also suggests that planned small group experiences may provide added impetus for the behaviorally disordered, or what some term the deviant student as he struggles to adjust to the school.

PROJECT GROUP WORK

Project Group Work was awarded funds through Project Iowa and is designed to promote the use of groups in the school setting and to provide training in group counseling skills to school social workers, psychologists and selected special education teachers. The project is unique in that it

1. emphasizes group work with special education students;
2. provides supervised group work training in the school setting;
3. emphasizes the importance of therapeutic relationships between the group leader(s) and students;
4. uses the discussion approach for the purpose of identifying problematic issues;
5. utilizes the group as a peer support base for special education students assigned to a specific classroom;
6. promotes the concept of special education teachers as co-leaders in the therapeutic discussion groups; and
7. blends concepts from a variety of theories of group counseling.

The groups are viewed as therapeutic discussion groups for elementary and secondary age behaviorally disordered students. The purpose of the groups is to provide a safe environment in which the students feel comfortable discussing personal issues that are interfering with their educational functioning.

Group work with behaviorally disordered students is a process by which students engage in self-discovery and develop a greater understanding and concern for themselves and others. Group members interact in a supportive environment where belonging and hopefulness are fostered. In addition to growing personally, the individuals learn to function as cooperative, contributing group members, thereby preparing themselves for more successful participation in "natural" educational work, family and peer groups. The counseling group is often perceived by the students as a peer group, because the group becomes a safe place for expressing feelings, gaining insights into alternative ways of behaving, and receiving positive reinforcement. The students are encouraged to discuss feelings associated with having a disability, peer/adult relationship problems, and any other unresolved issues that are contributing to poor school performance.

A typical counseling group has between 8 and 10 students and is co-led by the school social worker and the students' special education teacher. The counseling sessions are held in the classroom and the members always sit in a circle. In the initial stage of group, which is the period in which group cohesion has not developed, the co-leaders work on establishing acceptable group behavior. It is through this process that group norms are defined and the group becomes a safe environment for the expression of one's feelings, thoughts and ideas. Generally, group norms can be expressed in three statements: Respect for Self, Respect for Others, and Respect for Property.

Once the group has become cohesive, which can take many counseling sessions, the working stage of group begins. It is during this stage of group that the BD students begin to express their fears and concerns regarding many varied issues. It is important for the co-leaders to concentrate on the themes that emerge during the counseling sessions. In one counseling group, co-led by a school social worker, 30 major themes emerged within the first 10 minutes of the counseling session. The themes included child abuse, poor peer relationships, stealing, lying, and death. The task of the group leader is to "tie together" a theme to which most of the students in the group can relate or respond.

It is also during the working stage of group that the students move beyond the expression of feelings. It is important during this stage that the students begin to focus on self-defeating and destructive emotions and behaviors which they may believe about themselves. In the counseling group the students examine their current thinking and assess how these thoughts and behaviors are impeding them in their school performance. Each student, with the help of other group members, identifies more positive thoughts and behaviors. Goals are then agreed upon between the student and other group members, and progress reports periodically are shared during group sessions.

Group leaders often exclaim that students are more likely and willing to share private thoughts and fears in counseling groups than in individual sessions. One student, for example, shared for the first time, during a group session, a value conflict he was experiencing. John, a fifth grader and of very slender build, was required, under threat of physical abuse, to steal for his father. Although John did comply because of the threats, he suffered a great deal of psychological distress. The distress was the result of his mother's strong belief that stealing is wrong, which John also believed, and his father's insistence that John steal for him. John's observable school behavior, because of this distress, included noncompliance and the lack of attentiveness. John perceived the group counseling sessions as a safe place to share this stressful situation and thereby received support from the other group members as he dealt with this value conflict. The supportive environment, which the cohesive group generated, became a safe place for John to share the burden that heretofore had been a destructive personal secret.

In Project Group Work emphasis is placed upon group leadership skills and the special education teacher as co-leader. Eight leadership skills ranging from clarification to confrontation are identified. Inservice training is provided to school social workers, psychologists and selected teachers of the behaviorally disordered.

The training provided to the group leaders is an adaptation of the clinical supervision and master teacher models. The 20 master and Ph.D. level school social workers and psychologists who participate in the project receive training in child development theories, group process and dynamics, and relevant group therapy models, as well as in leadership skills. While they are participating in the training project, group leaders apply their acquired skills with a target group of behaviorally disordered special education students. The group leaders are expected to have a defined purpose for the group, group goals, and individual student objectives. Evaluation of the goals is generally completed by means of observation by the group leaders.

Participants of the project have defined seven elements which are essential for effective group counseling in the schools. These elements are as follows:

1. Positive focus. The students must be hopeful that change will occur due to their participation in the groups and in their special education program.
2. Focus on the "here and now". Although an understanding and discussion of the student's past history is helpful, the student must identify goals for the present and the future.
3. Emphasis on overt behaviors. Because groups are typically time limited to one class period a week, the focus tends to be on those behaviors that are identified as interfering the most with the student's academic success.
4. Reinforcement system. A system for reinforcing appropriate behaviors is often necessary in the initial stages of a group.
5. Enhancing self-concept and coping skills. Feelings about self and social skills are general deficit areas for the students participating in these groups; therefore, the goals of group work are related largely

to these two areas.

6. Changing an image. Many of the students perceive special education placement as a "punishment", because they have less contact with the regular educational program. Students are encouraged to explore their perceptions and feelings regarding their placement. It is hoped that they learn to accept placement and to consider what they must do to return to regular education.
7. Teacher participation. The involvement of the teacher as a co-leader with the social worker or psychologist is essential to an ongoing follow-through of the groups on a daily basis. The teacher adds significantly to the group, because he or she is involved on a daily basis with the students and can lend support to them throughout the week. In addition, the teacher's capacity for understanding and accepting these stu- dents is increased, because the group sessions heighten the teacher's awareness of some of the students' personal struggles.

The group leaders strive to incorporate these elements into the group process. As the groups become cohesive the members automatically model behaviors that reinforce these basic elements.

Project Group Work is well received by the school social workers, psychologists and special education teachers who have participated in the project. Often this is the first opportunity for the teacher to work directly with the social worker or psychologist. Through the process of pre- and post-session conferencing, communication between the teacher and social worker or psychologist has been improved.

As students are offered the opportunity to discuss concerns that are interfering with educational performance, they begin to perceive the school as a more caring institution. They also begin to accept the teacher, social worker and psychologist as helpful people who care about them and who are concerned about the issues with which they struggle each day.

DISCUSSION

The literature clearly points to the school social worker's role in guiding groups of students toward improved social functioning, particularly as it complements the students' academic performance and personal development. Social learning and competence, as well as academic skills, are considered legitimate educational pursuits in progressive communities. Social learning is the desired outcome of a process in which students, the social worker, parents, educators and the community residents work toward the resolution of problems interfering with the effective provision of educational opportunities for all students (Euster, 1972, p. 70). Group work encourages and rewards decision-making, initiative, sensitivity to and awareness of others, and progressive acceptance of responsibility for one's own behavior.

The group work approach is an efficient use of the social worker's time. The method maximizes the number of students with which the social worker intervenes and provides an appropriate format for the application of social work skills. In addition, the monitoring of behavior change is facilitated.

The Iowa Project Group Work experience suggests that planned small-group experiences may provide added impetus for the behaviorally disordered student in the struggle to adjust to the school. The method can be viewed legitimately as preventive, developmental, and remedial in nature. This multidimensional impact not only supports the group work approach within special education, but also provides validity for its use with topic-related or special interest groups of regular education students, for example, groups for individuals experiencing divorce, terminal illness, and drug-related problems.

ABOUT THE AUTHORS

Marvin Bryce, Ph.D., ACSW, has extensive practice experience in clinical social work with families, youth and children. He has authored numerous manuals, articles and chapters and is the editor of two books on treatment of families in the home. Dr. Bryce is a clinical member of the American Association of Marriage and Family Therapists (AAMFT). He has conducted workshops for clinical social workers, child care and child welfare workers throughout the nation. Dr. Bryce was clinical associate professor at the University of Iowa, School of Social Work prior to joining the Mississippi Bend Area Education Agency in 1983 as a school social worker.

Phil Pieckowski, MSW, has led counseling groups in the schools for 10 years. He currently supervises school social workers for the Mississippi Bend Area Education Agency. Phil also is Director of Project Group Work, which trains school social workers, psychologists and special education teachers in group counseling skills.

REFERENCES

Costin, L. B. (1969a). An analysis of the tasks in school social work. Social Service Review, 43, 274-285.

Costin, L. B. (1969b). A historical review of school social work. Social Casework, 50, 439-453.

Coyle, G. L. (1935). Group work and social change. Proceedings of the National Conference of Social Work, 62, 393-405.

Easton, F. (1982). Using peer group discussion in the mainstreaming of handicapped pupils. Social Work in Education, 4(4), 16-25.

Euster, G. L. (1972). Social learning in school groups. Social Work, 17(5), 63-70.

Konopka, G. (1949). Therapeutic group work with children. Minneapolis: University of Minnesota Press.

Merl, L. F. (1965). A bit of history -- interests and activities shared by group work and school social work. In L. F. Merl (Ed.), Work with groups in the school setting (pp. 8-21). New York: National Association of Social Workers.

Newstetter, W. I. (1935). What is social group work? Proceedings of the National Conference of Social Work, 62, 291-299.

Phillips, H. V. (1974). Essentials of social work skill. Norwood, PA: Norwood.

Sarri, R. C., & Vinter, R. D. (1969). Group work for the control of behavior problems in secondary schools. In D. Street (Ed.), Innovations in mass education (pp. 91-119). New York: Wiley.

Schwartz, W. (1961). The social worker in the group. The social welfare forum, 1961 (pp. 146-177). New York: Columbia University Press.

Shulman, L. (1968). A casebook of social work with groups: The mediating model. New York: Council on Social Work Education.

Simon, P. (1955). Social group work in the schools. The Bulletin of the National Association of School Social Workers, 31(1), 3-12.

Thomas, E. J. (Ed.). (1967). The socio-behavioral approach and applications to social work. New York: Council on Social Work Education.

Thomas, E. J. (Ed.). (1974). Behavior modification procedure: A sourcebook. Chicago: Aldine.

Tropp, E. (1977). Social group work: The developmental approach. In J. B. Turner (Editor-in-Chief), Encyclopedia of Social Work: Vol. 2 (17th ed.) (pp. 1321-1328). Washington, DC: National Association of Social Workers.

Vinter, R. D. (1965). Social group work. In H. L. Lurie (Ed.), Encyclopedia of social work (15th ed.) (pp. 715-724). New York: National Association of Social Workers.

Vinter, R. D., & Sarri, R. C. (1965). Malperformance in the public school: A group work approach. Social Work, 10(1), 3-13.

Wilson, G., & Ryland, G. (1949). Social group work practice. Cambridge, MA: Houghton Mifflin.

TEACHING SOCIAL SKILLS
TO BEHAVIORALLY DISORDERED STUDENTS

Steven C. Heer

ABSTRACT: As a response to the recognition that behaviorally disordered students generally have a poor command of appropriate social skills, the 14 skills from the Boys' Town Motivational System curriculum are taught to these students via role playing, real-life practice (homework) and continuing classroom reinforcement. The classroom teacher, guidance counselor and school social worker function as a team to teach the skills, which are incorporated into the students' behavior management system in the school.

A student is identified as behaviorally disordered when in-school behavior is such that it interferes significantly with the pupil's learning process, interpersonal relationships or personal adjustment. Reaching this consensus as a team and then placing a child in a special academic program is a first step. It removes the student from the regular classroom, where appropriate behavior is expected as a matter of course, and places the student in a more controlled setting where the teacher/student ratio is more favorable for both managing the problem behavior and teaching the expected, appropriate behavior. Some organized, methodical way of accomplishing these tasks is necessary; otherwise, such a placement is simply a "sentence", and the student's improvement and eventual return to a regular school program are left to chance or to the BD teacher's magic touch.

Stephens (1978) indicates that certain social skills are a prerequisite to academic accomplishment. He stresses that a directive teaching approach to help students learn how to get along with adults and peers in school, as well as outside of school, has merit. Mastery of or at least significant improvement in such skills is definitely a prerequisite to leaving the BD program and returning to the regular classroom. A model of teaching social skills to behaviorally disordered students is presented, followed by an evaluation of its effectiveness.

METHOD

Social Skills Training Model

The Boys' Town Motivational/Behavior System[1] was selected jointly by the Dubuque Community School District and Keystone Area Education Agency to be used in all BD classrooms beginning in 1983. Currently (1985-86 school year), the system is used in 2 elementary schools, 2 junior high schools, 1 senior high school, and 1 specialized facility for severe behaviorally disordered students in Grades 7 to 12.

The Motivational/Management System includes 14 social skills. These skills range from simple tasks to more complex behaviors and are a major feature of the curriculum. They are as follows:

1. How to Follow Instructions
2. How to Accept Criticism or a Consequence
3. How to Give Negative Feedback
4. How to Accept "No" for an Answer
5. How to Disagree Appropriately
6. How to Greet Someone
7. How to Engage in a Conversation
8. How to Give a Compliment

9. How to Accept a Compliment
10. How to Make a Request
11. How to Negotiate
12. How to Get the Teacher's Attention
13. How to Problem-Solve
14. How to Resist Peer Pressure

The 14 skills cover a significant portion of classroom, home, and public situations. Most circumstances within the school setting can be addressed in terms of one of the skills.

Participants

While social skills training is part of all BD classroom curricula in the district, this paper will deal with the author's involvement with one 8th-grade and two 7th-grade classrooms in the 2 junior high schools during the 1984-85 school year. During the course of the school year, the makeup of the classrooms changed. Some students left and others were added, but each class consisted of between 8 and 11 students. The preponderance of boys, which is found in most BD classrooms, was also the case in these classrooms. No more than 2 girls were present in any of the classes at one time.

Instructional Format

The instructional format offered by Goldstein, Sprafkin, Gershaw, and Klein (1980) is used, with some modification. Rather than complete an individual assessment of each student's competence in each social skill prior to instruction to determine which skills to teach to which students, all 14 skills are taught to the entire class. The BD teacher, school counselor, and school social worker conduct each social skills class ("Behavior Awareness" class) as a team. This is a regular class held three to five times weekly (dependent upon the counselor's and social worker's schedules and the classroom teacher's preference). If one of the three is unable to attend, the remaining two carry the format. Two adult class leaders are sufficient. Participation is required of all class members and runs through the school year.

Class Session

During the first session, the definition of a social skill, the rationale for learning such skills, and the instructional format are presented to the class. An excellent "script" for this and subsequent classes is provided in Skillstreaming the Adolescent.

In subsequent sessions each skill is presented to the class, broken down into its component steps and displayed on the board, and discussed: Why is this skill important? When might you have to use it? With whom? Why is each step important? The homework sheets, which will be discussed later, are distributed, and the skill and steps are copied by the class.

The instructional format is a four-step routine:

1. Show (modeling);
2. Try (role playing);
3. Discuss (feedback);
4. Practice (transfer).

The two adults act out the correct use of the social skill in an example situation offered by a student, or perhaps decided in advance by the adult(s). Individual students may be asked or the entire class may be directed to watch for the use of each step by the "main actor/actress".

After this initial modeling, each student is required to role play the skill in a situation with another student. The skill may be the student's choice or may be assigned by the teachers. Again, individual students or the entire class may be directed to watch for the main actor's use of each step that makes up the skill. Adults may interrupt and/or coach if they feel the need to do so.

After the role play (usually between 1/2 and 3 minutes, depending on the skill), the students (including the co-actor) and the teachers give the main actor feedback on his or her performance. Praise is given for steps used correctly; suggestions are given for improvement on omitted or inadequately used steps. Role plays are repeated until the student performs the skill satisfactorily. A second role play is usually sufficient. Feedback, particularly praise for steps used correctly, is given after each role play. The role playing allows students to experience and gain confidence during an interactional exercise with peers and also to experience risk-taking.

Students may be allowed to choose their own co-actors. If this is permitted, the adults should take care to ensure that each student has the chance to be a co-actor. It is easy for one or two students to be neglected by peers.

Homework Assignments

Homework assignments require the students to use the skill in a real-life situation. This may be at home, in school, in the neighborhood, or with a parent, sibling, peer, teacher, or another adult. Students must write down with whom they used the skill, when, and what happened--an explanation of the setting, circumstances, and the student's actions and words. This can be done briefly on the homework sheet, because each assignment is discussed in class, with additional feedback given at that time. The students are also asked to rate themselves on how well they used the skill—good, fair, or poor. This rating depends on how well the student followed the steps of the skill and not on the end result of the interaction. This is an important distinction, because with some skills, such as Accepting Criticism or Consequences or Resisting Peer Pressure, the student may use the skill well but still feel badly or rejected as a result of the interaction.

This demonstrates the need to explain to students that the use of appropriate social skills does not always guarantee that situations will turn out favorably for them. It will, however, often keep them from getting into worse trouble. Negative consequences for inappropriate behavior sometimes cannot be avoided. Students can learn to accept such consequences in an appropriate way. In other situations students may determine by their choice of actions and words whether they will be ostracized or risk doing something which could carry greater consequences from adults, or even physical harm. It is also good to point out that many people with whom students will be interacting have poor social skills themselves and will not always respond appropriately just because the student does.

As each new skill is introduced in class, a printed copy of the skill and its steps is sent home with each student. Parents then can be aware that their child is expected to work on using the skill. This encourages reinforcement of the student's use of the skill at home. It may also serve as a subtle, "back-door" encouragement for parents and siblings (who often could use improvement in their own social skills) to deal with the student more appropriately.

Student Rewards and Consequences

The Boys' Town Motivational System used in the BD classes provides a structured, constant means of feedback and reinforcement. Students carry point sheets or cards on which they are awarded points for expected, appropriate, responsible behaviors, and penalized for inappropriate or irresponsible behaviors. Academic performance is consequated on the sheets (as well as verbally), and behavior also is consequated in terms of the social skills part of the curriculum.

Students are rewarded both verbally and with points for their use of social skills, or even for using isolated component steps of the skills (e.g., eye contact). The points are redeemable for privileges or goods. When a student does not use a skill as expected, for example, Following Instructions or Accepting Criticism or a Consequence, the teacher, counselor, or other staff person

1. tells the student what he or she did that was inappropriate;
2. tells the student what should have been done;
3. penalizes the student for the inappropriate behavior; and
4. rewards the student for appropriate behavior displayed during the interaction occurring at that moment.

The student may also be directed to practice at that moment the appropriate behavior prescribed by the teacher and can earn additional points and praise for doing so. Each episode of inappropriate behavior on a student's part (which is, more often than not, the failure to use one of the social skills) is an opportunity to teach, rather than simply an unpleasant episode of criticism. When social skills are taught with this format to other than BD classrooms, teachers reinforce students' use of the skill with verbal feedback in whatever manner is most comfortable for them.

RESULTS

While pre- and post-assessment of social skills attainment was not done for participating students, other measures indicate that the program has been successful. Students have progressed through the levels of the motivational system and have earned the privilege of integration into regular classes. If one accepts the earlier stated premise concerning the prerequisite of social skills for academic accomplishment, success in the regular classroom would indicate that those students have learned and are using the social skills. While acknowledging the wide range of demonstrated skill competence among individual students, the instructional and support team believes that students are learning the social skills as a result of instructional intervention.

Many parents also report that they have seen significant improvements in their child's behavior at home and in the community. In the BD classrooms, students' behavior is typically quieter, more compliant and more on-task than that of students in regular classrooms.

Social skills instruction provides a good opportunity for the school social worker to develop familiarity and relationships with students outside of any additional therapeutic or counseling involvement. The frequent contact with students in a classroom activity reveals much more about them than secondhand descriptions by others, passive observations, or even a student's reported version of events. It allows firsthand observation of a student's relationships with peers and other adults in the classroom, where most of his or her day is spent.

The model also presents an easily learned routine, since Goldstein's "script" is repeated for each social skill. This enables the classroom teacher, instructional aide/associate and/or counselor to assume responsibility for teaching the social skills if the school social worker is not always available or withdraws completely at some point.

Team members have been pleased with the experiences during the social skills instruction and with the results to date. The instruction will be continued as a regular part of the BD program. It already has been used with students in other programs, such as Learning Disabilities and Mental Disabilities classes, as well as in regular classrooms.

ABOUT THE AUTHOR

Steve Heer, MSW, has been a school social worker for Keystone Area Education Agency since 1980. He has been teaching social skills to classroom groups since 1982. He is a native Dubuquer, attended Loras College there and received his MSW at Tulane University in New Orleans, Louisiana. Prior to joining Keystone, he worked in various settings in the social work and counseling field, with the mentally and physically handicapped, inpatient and outpatient clinical agencies, and residential settings for adolescents and adults. He and his wife, Sandy, who has been a first-grade teacher, have two preschool children. Steve is an aspiring full-time bicycle tourist, if he can figure out how to do it lucratively.

REFERENCES

Goldstein, A., Sprafkin, R., Gershaw, N. J., & Klein, P. (1980). *Skillstreaming the adolescent*. Champaign, IL: Research Press.

Stephens, T. (1978). *Social skills in the classroom*. Columbus, OH: Cedars Press.

FOOTNOTES

[1] Information on the Boys' Town Motivation System and the Social Skills Curriculum may be obtained by writing Donald D. Black, Director of Education, Father Flanagan's Boys' Home, Boys Town, NE 68010.

SOCIAL CLUBS

FOR BEHAVIORALLY DISORDERED STUDENTS

Mary Lee Waggoner

ABSTRACT: Tri-Hi-Y, a social club for behaviorally disordered students and other socially isolated adolescents, was founded by the author to promote participation in organized peer groups. The impetus and subsequent development of Tri-Hi-Y for more than 30 members is discussed. The effectiveness of Tri-Hi-Y is presented. Issues and problems in organizing social clubs for special children are explored.

Behaviorally disordered students seldom participate in organized peer groups outside of the family and the school. These students may not believe that youth groups will meet their needs. This belief is often based on past group experiences when the individual was not well accepted by group members and the individual was not successful at the group's planned activities.

Participation in clubs such as Scouts, 4-H, and church groups, as well as in school sponsored special interest groups, is commonplace for non-handicapped students. Such groups are fun for most youngsters and are a major source of recreation and entertainment for school-age children. Youth groups also prepare youngsters for adult peer groups. Adult participation in political, recreational, and special interest groups, as well as religious and community service organizations, requires skill in being a group member, following a leader and cooperating toward a common goal.

Youth groups help build peer relationship skills and help children make friends. They aid in the transition from a family orientation to a peer orientation. They contribute to the socialization of the child by providing a sense of belonging. Peer groups build group participation skills such as sharing, taking turns, cooperation, and leadership. Special interests and talents not addressed in the classroom are often developed in peer groups.

Youth groups such as Scouts, Campfire, YMCA, and 4-H have much in common in overall purpose. 4-H, for example, provides these learning experiences:

1. Conducting a business meeting
2. Maintaining fellowship
3. Gaining self-confidence in speaking before a group
4. Learning group decision-making
5. Serving as an officer
6. Working on group projects for a club or community
7. Working toward group goals
8. Experiencing wholesome recreation (Iowa 4-H Organization Leaders' Manual, 1981)

Educational strategies for behaviorally disordered students focus on issues of socialization and on group participation skills that are important in the academic setting. Methods and programs to address socialization in the educational setting are plentiful (Goldstein, Sprafkin, Gershaw, & Klein, 1980; Hazel, Schumaker, Sherman, & Sheldon-Wildgen, 1982; Stephens, 1978; Walker et al., 1983). Likewise, books to assist families in socializing the behaviorally disordered student are available (Clark, 1978; Rogers, 1979; Von Hilsheimer, 1969). Mental health services are often utilized to facilitate the process. Some organizations such as Scouts and 4-H have developed special models to accommodate the blind, the mentally retarded, and learning disabled students. Modifications for the behaviorally disordered are equally important.

DEVELOPMENT OF TRI-HI-Y

Beginnings

The initial impetus for Tri-Hi-Y came from a parent who complained to the author that his behaviorally disordered son had nothing to do outside of school. He noted that school did little for his son's self-esteem or sense of accomplishment because of his son's difficulty adjusting to the behavioral expectations of the school setting. Like many behaviorally disordered students, the boy had participated in Scouts and team sports in early elementary years. He was not well accepted by his peers, was a "problem" to group leaders, and was not successful with most of the group's activities. His son no longer wanted to join peers outside of the school setting and was reliant on his family for nearly all activities outside the school day.

The author determined that a social club for behaviorally disordered and other socially isolated students was the most appropriate service for this student, as well as for other special education students in programs she served. The author's role has been to initiate the service and to support the program as a volunteer aide for 2 years and as board president for 4 years.

Getting Started

The author met with selected special education personnel, parents of handicapped children, and the staff of the local YMCA. The first organizational meeting was held on April 1, 1981, and was attended by 9 people, including the author, 1 representative of the YMCA, 2 special education instructors, 4 support personnel from the intermediate special education organization, and 1 parent.

An advisory board was formed by the middle of the month. The board currently includes 22 members representing parents of special education children, special educators, volunteer leaders, and YMCA staff. The board met bimonthly during the first year of the club's existence and now meets annually. The board has provided suggestions for the club's activities and recruitment of members and has carried primary responsibility for fund raising and recruitment of volunteer assistant leaders.

Funding has come primarily from local service organizations. The club has operated with an annual budget of $1,500. Advisory board members have spoken at many service club meetings and community enthusiasm about the group has been encouraging. Organizations associated with handicapping conditions, such as the Association for Retarded Citizens, have been particularly generous. A local foundation provided a major grant for 1 year to expand the club.

Member Recruitment

Member recruitment began within weeks after the advisory board developed the club philosophy and name. The Tri-Hi-Y name and some of the ceremony were adapted from a format originally developed by the YMCA but discontinued by the national organization several years ago. The "Tri" in Tri-Hi-Y suggests a club open to three age groups--grade school, junior high school, and senior high school. The local group represents junior and senior high youngsters.

Group members responded to announcements about the club that were distributed to 6th-grade through 12th-grade special education students. Behaviorally disordered, learning disabled, mentally disabled, hearing impaired, and visually impaired students received announcements. Additionally, school counselors and administrators distributed brochures to other students they believed would profit from such a group.

Group membership was not restricted exclusively to behaviorally disordered students. Self-selection has resulted in a predominance of handicapped students. Some have been identified as behaviorally disordered, while others have social problems in addition to their educational handicap.

Tri-Hi-Groups

The initial group involved 6 middle school students. Tri-Hi-Y now has 32 members who are divided into 2 groups. Twenty-five of the 32 are in special education classes. One third of the entire group are identified as behaviorally disordered, while the remaining two thirds are mentally disabled, learning disabled, physically disabled, hearing impaired, and communication handicapped. None of the present Tri-Hi-Y members belonged to other peer groups at the time they joined Tri-Hi-Y. Ten of the members are high school age with 22 members in the middle school age. The groups are equally divided between boys and girls. Tri-Hi-Y serves only a small percentage of the identified behaviorally disordered students in this AEA. Increased participation in the group depends on increased funding to provide for additional paid leaders.

Group Format

Tri-Hi-Y meets weekly throughout the school year. A paid YMCA staff member organizes the group's activities and provides consistent leadership for the group. Paid leadership has been an asset in that it has helped ensure the stability that is so important to behaviorally disordered students. Employment of a paid leader has also guaranteed the continuance of the group. Volunteer leaders have provided assistance at each meeting to make sure that individual attentions are available as needed. Volunteer leaders usually assist for 1 or 2 years because of changing commitments and changing interests, so that the employment of a paid leader has been very important.

Each club meeting follows a specific format with an opening ceremony, a brief business meeting, a planned activity, and a closing. The Tri-Hi-Y club format is similar to that of social clubs, such as Scouts, Campfire, and 4-H. The club has an opening ceremony, statement of purpose, club symbol, and other rituals. The format was modified to accommodate the special needs of the students. The vocabulary was simplified and the rituals were shortened.

The opening ceremony includes the "Pledge of Allegiance" followed by group recitation of the Tri-Hi-Y purpose: "As members of Tri-Hi-Y of the YMCA, it is our purpose to strengthen our bodies, develop our minds, worship God, and work together for a finer community and a better world." The ceremony also includes repetition of the "platform" and a brief prayer. Because many members have difficulty memorizing, the ceremony is on posters at the front table, and the ceremony is recited as a group.

Activities ensure that every member is successful and competition is avoided. Competitive games were included in some early meetings but were unsuccessful. Behavior of members deteriorated and participation was low. The group refused to nominate and elect officers but requested that names be drawn from a hat instead. Apparently, these individuals have had too many experiences with losing to enjoy competition in peer groups.

The club selects officers three times a year. Each group of officers is announced in the local newspaper. Each officer has a minor responsibility in the business meeting, which does not last more than 5 minutes. It does acquaint Tri-Hi-Y members with business meeting structure and beginning parliamentary procedure. Group members learn to share ideas, listen to others, and cooperate on group projects.

Group Activities

Group activities are designed to acquaint Tri-Hi-Y members with community facilities and events, to increase members' confidence in participating in community events, to build group spirit, to encourage positive social interaction, to build self-esteem, and to provide an environment for disabled children to have fun together. Roller skating and bowling are the two most popular events, and these are scheduled bimonthly.

Tri-Hi-Y members attend community events, such as a high school football game, a play at the community college, and students' concerts on a regular basis. Group members seldom attend such events otherwise.

Tours of the art gallery, local historical museums, the hospital, and the law enforcement center have helped these students become familiar with community facilities. The groups have parties to celebrate holidays.

Behavior problems have been minimal and usually have occurred because activities were not appropriate for the group. Experience has shown that activities need to be short and easily accomplished. Group leaders are able to tolerate many behaviors that would be considered disruptive or distracting in an educational setting. Tri-Hi-Y members are proud of their group and want to be there. Leaders and assistant leaders have counseled with individuals privately between meetings when needed. No one has been asked to leave the group.

Boy-girl relationships are an important aspect of Tri-Hi-Y. Group members tend to show considerable interest in members of the opposite sex, and there are frequent telephone calls between meetings. Group members declare that they are "going out" with each other but seldom have formal dates. Most socializing occurs within small groups of the same sex rather than between sexes.

Fund raising and community service are part of Tri-Hi-Y, just as they are part of other young people's groups. Tri-Hi-Y has raised money by selling pop and pens and having a car wash. They have been responsible for decorating the YMCA preschool Christmas tree, and they have put on a coffee for teachers and advisory board members.

Honors and awards are important in Tri-Hi-Y. Newspaper articles publicize the names of officers and top sales people. The annual awards night includes an individualized certificate or plaque for each Tri-Hi-Y member.

DISCUSSION

Tri-Hi-Y members are enthusiastic about the group. Their enthusiasm, recruitment of new members, and consistent attendance at meetings are evidence that Tri-Hi-Y has been successful in providing a peer group that satisfies the needs of its members. For most, Tri-Hi-Y is their only after school activity, and the students talk about group activities from one meeting to the next. "What are we doing at our next meeting?" is a common question when members encounter volunteer leaders in the school setting.

Parents report that their youngsters are enjoying this after-school activity. As one father said, "Tri-Hi-Y is the highlight of Brian's week. He only 'exists' from one meeting to the next. At last, he makes and gets telephone calls from friends. His life seems much more normal and so does ours." A teacher reported that one of her students wrote in his journal: "Tuesday is the best day of the week, because I get to see all my friends."

Friendships formed through Tri-Hi-Y carry over to other settings. Group members are frequently observed with each other in the school lunchroom and in the halls. Most of these students had been socially isolated in the school setting prior to their involvement in Tri-Hi-Y. Teachers and other school staff are of the opinion that Tri-Hi-Y members have improved their social skills and are better accepted by handicapped peers as well as by non-handicapped peers.

Educators make many referrals to Tri-Hi-Y. Because of the students' enthusiasm and improved sense of involvement, teachers have offered their time to the group. Often teachers attend an initial meeting with a student who is hesitant to attend alone. Referral to Tri-Hi-Y is a recommendation on many Individual Education Plans.

Tri-Hi-Y is not for all handicapped students. Some students, who have never participated in an organized group through church or in the community, have been intimidated by the size of the group. Behaviorally disordered students with good social skills along with tendencies toward aggression and conflict with authority usually prefer other groups.

As group members leave, it is encouraging to see them become more involved in community activities and in other YMCA activities. Since group members have graduated from high school, a group of young adults recently has been formed.

Social organizations for behaviorally disordered students provide an innovative service for educationally handicapped youngsters. Family and school cannot fulfill the role that social organizations play in developing friendships and group participation skills for young people. The role of social organizations in socializing behaviorally disordered students merits greater attention.

ABOUT THE AUTHOR

Mary Lee Waggoner, ACSW, has been a school social worker for Arrowhead Area Education Agency, Fort Dodge, Iowa, since 1978. Social work services to behaviorally disordered students and their families have been an important part of her work. She founded Tri-Hi-Y in 1981.

REFERENCES

Clark, J. I. (1978). Self-esteem: A family affair. Minneapolis: Wiston Press.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klein, P. (1980). Skillstreaming the adolescent. Campaign, IL: Research Press.

Hazel, J. S., Schumaker, J. B., Sherman, J. A., & Sheldon-Wildgen, J. (1982). Asset: A social skills program for adolescents. Champaign, IL: Research Press.

Iowa 4-H Organization Leaders' Manual. (1981). Ames, IA: Iowa State University.

Rogers, F. K. (1979). Parenting the difficult child. Radnor, PA: Chilton.

Stephens, T. M. (1978). Social skills in the classroom. Columbus, OH: Cedars Press.

Von Hilsheimer, G. (1969). How to live with your special child. Washington, DC: Acropoles Books.

Walker, H. M., McConnell, S., Holmes, D., Todis, B., Walker, J., & Golden, N. (1983). The accepts program: The Walker social skills curriculum. Austin, TX: Pro-Ed.

THE EFFECTIVENESS OF PARENT GROUPS

Robert J. Gallagher

ABSTRACT: This paper describes the critical elements of a parenting workshop entitled, "The Child Guidance Workshop". The participants reported a statistically significant improvement in their knowledge gained, a 50% decrease in the frequency and severity of the problems, as well as a significant improvement in their parenting responses to child rearing situations. Participants included parents of children in regular classrooms and parents of behaviorally disordered children. The results are favorable enough to indicate that parenting groups are an effective school social work intervention for parents of both populations.

Do parent education groups work to effect changes for parents of behaviorally disordered students? Arriving at an answer to this question can be a very difficult task. How does one define success? Does one determine if people are assimilating cognitive information about how to respond effectively in parenting situations? Does one assess reported improvement in child behaviors at home? Do parents report an improvement in appropriate parenting responses in parenting situations? Success most likely involves all three areas as well as aspects of cognitive, behavioral, and emotional criteria.

REVIEW OF RELATED LITERATURE

A review of the literature regarding the effectiveness of parent groups yields many descriptive papers but few research endeavors with a well defined experimental design. Several research attempts have been conducted on parenting programs utilizing behavioral modification techniques. Since the behavioral model attempts to operationalize its concepts, it is not surprising to find the goal of observable behavior change used as a measure of program effectiveness, thus yielding some "hard data".

According to Lamb and Lamb (1978), the bulk of the remaining research appears to fall into five basic categories:

1. Parental reports of their own behavior change or reports on child behavior change.
2. Parental reports of attitude or child rearing philosophy changes.
3. Outside observations of change on the part of the parents or children involved.
4. Outside reports of changes in parents' attitudes.
5. Consumer reports from parents.

As items 3 and 4 require the availability of well trained observers who are able to observe family interactions over a period of time, they are cost prohibitive for most researchers. This leaves the researcher with parental self-reports as the primary means of available analysis. It is not surprising, therefore, that this method should be the one reported most often in the literature. It is important to determine what should be measured by this method in order to yield significant research data.

A study by Hanley (1974) on the relative effectiveness of Parent Effectiveness Training (PET) versus Family Enrichment Program (FEP) versus control group focused on changes in parenting attitudes. This study showed a statistically significant increase by the PET parents over both FEP and control group parents in the areas of acceptance and understanding as measured by the Parent Attitude Survey. Five other attitudinal variables (while indicating that PET parents showed some increase in trust, confidence, and understanding of causation) failed to show any statistically significant difference between the three groups.

METHOD

Parent Education Model: Child Guidance Workshop

The first Child Guidance Workshop (CGW) was offered in 1974 in response to requests from parents and teachers. Subsequently, CGW's have been offered at least twice each year. The study reported in this paper was conducted in the fall of 1975.

The theoretical basis for the parent education model is primarily eclectic in nature. The Adlerian approach as reflected by Dreikurs (1964) represents approximately 50% of the information presented to parents, with other content derived from the works of Gordon (1970), Berne (1964), Patterson and Gullion (1973), Simon, Howe and Kirschenbaum (1972), Ginott (1965), Smith and Smith (1969), and Block (1972). The 8-week parent education program includes content on topics such as communication skills, rules, conflict resolution, punishment, logical and natural consequences, encouragement, criticism, nutrition, sexuality, and values formation.

Format

Each of the eight, 2-hour meetings is structured to include the following components:

1. Mini-lecture on a specific aspect of parenting (40 minutes), for example, encouragement.
2. Discussion of lecture (20 minutes).

3. Discussion of assigned reading from Children: The Challenge by Rudolf Dreikurs (20 minutes).
4. Discussion of behavioral homework assignment (15 minutes). One assignment, for example, was to do the demonstrated relaxation exercises once each day and to notice the resultant stress levels.
5. Specific problem-solving session (25 minutes). For example, participants focus on how they can use encouragement in day-to-day parenting.

Participants

The typical participants are a cross section of the community and include bankers, farmers, truckers, AFDC recipients, engineers, homemakers, and teachers. The research group consisted of 17 parents: 10 females, 7 males. A total of 43 children were represented from 14 households. This group was slightly atypical in that there are usually more couples represented because couples are strongly encouraged to attend. About one half of the workshop participants were drawn from the social work caseload or referred by the school psychologist and included parents of three BD children from separate households. The remainder heard about the group from radio or newspaper announcements or through a home school newsletter. An increasing number of participants continue to attend as a result of word-of-mouth information about the group.

Instrumentation

To measure the effectiveness of this parent education model, two areas of measurement were identified: (1) cognitive information about the process of parenting, and (2) the ability of parents to implement this information into specific parenting situations. The belief was that the full implementation of workshop parenting techniques into behavioral patterns at home might not be accomplished by the conclusion of the workshop. Certain specific knowledge would not be covered until the latter part of the workshop, and opportunities to implement this information might not be available frequently enough to allow for immediate change. Instruments would be needed to measure the degree to which the parents were able to assimilate information as well as the degree to which they were able to implement this information in recognized problem situations.

Three instruments were devised for this study:

1. Course evaluation form. An evaluation form completed at the end of the workshop allowed for a rank ordering of the various components of the workshop and provided opportunity for individual comments on the relative merits of the individual workshop components.
2. Parent Knowledge Test. This test (see Appendix A) measured parents' acquisition of specific parenting knowledge and techniques covered in the individual workshop components.
3. Behavior Scale. The Behavior Scale (see Appendix B) asked parents to list their children's four most disturbing behaviors, the frequency and severity of the behaviors, and parents' most typical response.

The null hypothesis was that no difference between the pretest and posttest scores on either the Parent Knowledge Test or Behavior Scale would exist.

Homework Assignments

Participants were expected to read between four and six chapters each week from Children: The Challenge and rotate responsibility for reporting on specific chapters. For example, prior to the presentation on encouragement, parents read chapters 1, 2, and 3, which included a chapter on encouragement. Behavioral homework was also assigned weekly. Example: "Use encouragement in three situations;" or "Have the family evolve a reasonable, enforceable, and definable rule to deal with an appropriate problem"; or "Withdraw from power struggles and/or use conflict resolution techniques". Participants were encouraged to identify "specific hassles" at home and to share these during the group problem-solving time. The group members were asked to postulate possible solutions by means of the group problem-solving process and pool their knowledge and experience, drawing upon the suggestions of the coordinator to implement solutions. Solutions were reported back to the group at a later time.

RESULTS

Course Evaluation

The consumer report form requested an evaluation of the topic or content areas presented at each group session, as well as the problem-solving sessions and discussion of Children: The Challenge, which occurred each session beginning with the second week. Parents were requested to rate the various activities on a numerical scale of 1 to 5, with 1 being "of little use" and 5 being "extremely useful", and then to include a brief narrative comment on the activity. The purpose of this scale was to provide programming information about the parents' views regarding the usefulness of the various aspects of the Child Guidance Workshop. Table 1 presents the composite rank ordering of each activity.

Table 1

Mean Rating of Usefulness of Child Guidance Workshop Activities

Rank	Mean	Activity	Session
1	4.47	Children: The Challenge assignments	2-8
2	4.36	Communication skills	3
3	4.19	Rules	4
4	4.13	Conflict presentation and resolution	6
5	4.12	"You" messages and "I" messages	3
6	4.00	Reflective listening	?
7	4.00	Problem-solving sessions	2-8
8	3.63	Sexuality	7
9	3.57	Dreikurs speech, "How to Get Along with Our Children"	1
10	3.50	Nutrition	5
11	3.43	Transactional Analysis	3
12	3.27	Behavioral analysis	2-8
13	3.23	Values formation	8

Parent Knowledge Test

This test, administered during the first and eighth session, was designed primarily to serve as an evaluation of the cognitive information that participants acquired from each session. The mean pretest score for the 17 participants was 12.00. The mean posttest score was 17.35. The mean gain was 5.35. Statistical analysis (t (17) = 4.99, $p<.001$) indicated that the gain demonstrated by the group is highly significant and not due to chance.

Behavior Scale

The Behavior Scale consists of four separate parts. At the beginning of the workshop, the parents were asked to identify the four problems which they considered to be the most significant. For each problem, they listed the frequency on a daily, weekly, or monthly basis and their estimation of the severity of the problem as rated on a scale from 1 to 10, with 1 being "very minor problem" and 10 being "extremely disturbing problem". They then listed their most typical response when the problem presented itself. At the conclusion of the workshop, the parents were given another Behavior Scale with the same four problems listed, but with the frequency, severity, and response portion left blank. The parents filled in these elements, and the pre and post scales were then compared. For the purposes of statistical analysis, problem frequency was converted to a 10-point scale, with 1 being "once a month or less" and 10 being "4 or more times a day".

The Behavior Scale yields two distinct change scores. It measures changes in frequency and severity of children's problem behaviors (F/S subscale) and parents' most typical response to such problem behaviors. The process for determining change is detailed below.

Frequency/Severity of Problem Behavior. The following example illustrates the procedures for determining the net change Frequency/Severity (F/S) score. First, multiply frequency of behavior (0-10) by severity of behavior (1-10) for each problem presented by parents. This is done at the beginning (pretest) and end of the workshop (posttest). Second, net change is determined by subtracting the posttest score from the pretest score.

Problem: Jimmy refuses to eat nourishing foods.

Pre: Frequency of behavior = 2 times a day equals problem score of 9
Severity of behavior = 9 (Very disturbing problem. Child is physically handicapped and subject to frequent illnesses if proper nutrition is not maintained.)
F/S score: 9 x 9 = 81

Post: Frequency of behavior = 1 time a week equals problem score of 4
Severity of behavior = 1 (Very minor problem.)
F/S score: 4 x 1 = 4

Change: F/S net change score: 81 - 4 = 77

The next step is to determine each parent's F/S mean change score for the four presenting problems. Table 2 illustrates the process for one of the participants (see example above). The F/S mean change score may be obtained by subtracting the posttest score from the pretest score and dividing by four. For example, the posttest score of 37 is subtracted from 212 and divided by 4, yielding a mean change score of 43.75.

The F/S subscale was designed to serve as an evaluation of change in the frequency and severity of children's inappropriate behaviors as reported by the participants. The mean pretest score for the 15 parents was 40.42; the mean posttest score was 19.69. Statistical analysis of these values indicates a statistically significant improvement.

Table 2

Method to Obtain F/S Mean Change Score

	Pretest					Posttest				
Problem	Frequency	x	Severity	=	F/S Score	Frequency	x	Severity	=	F/S Score
1	9	x	9	=	81	4	x	1	=	4
2	8	x	7	=	56	4	x	2	=	8
3	5	x	7	=	35	5	x	3	=	15
4	8	x	5	=	40	5	x	2	=	10
Totals					212					37

Mean Change: 212-37 ÷ 4 = 43.75

Parent Response. Parents' most typical response to their children's inappropriate behavior was then rated, using the parenting principle discussed during the CGW, with each response receiving a grade of -1, 0, or +1. "Minus one" means that the response is most likely maintaining or promoting the behavior problem. "Zero" means that the response is probably neither maintaining nor eliminating the problem. "Plus one" indicates that a response is most likely helping to eliminate a problem. This rating was applied to the previously mentioned problem in the following way:

Problem: Jimmy refuses to eat nourishing foods.

Pre: "Scream, yell, demand, and threaten; then, when these fail, give in."

Rating: -1 (Response probably maintaining problem behavior.)

Post: "I have stopped trying to make him eat something he doesn't like. Instead, if he chooses not to eat, that's fine, but then he is not allowed to choose to have between-meal snacks and must suffer the natural consequences of his behavior which is to go hungry. It Works!"

Rating: +1 (Response probably helping to eliminate problem behavior.)

Table 3 illustrates the mean change score for parents' most typical response for the four problem behaviors. Parent response mean change score is obtained by summing change scores and dividing by four. The total mean change, as shown below, is 6 ÷ 4 = +1.5.

Table 3

Method to Obtain Parent Response Mean Change Score

Problem	Pretest	Posttest	Change
1	-1	+1	+2
2	-1	+1	+2
3	+1	+1	0
4	-1	+1	+2
Change			+6
Mean Change: 6 ÷ 4 =			+1.5

The mean pretest score for the Parents' Most Typical Response subscale was -.34. The posttest mean score was +.55. Again, statis-

BEST COPY AVAILABLE

tical analysis indicated a statistically significant improvement in the participants' ability to respond to problems in a manner likely to produce positive change in children's behavior.

DISCUSSION

Though the analyzed data was gathered in the fall of 1975, continued use of these research instruments with participants in subsequent workshops conducted on a twice yearly basis have yielded results that are consistent with the original data. All of the numerical ratings reflected in Table 1 average above 3, even though a range of 1 through 5 is available. This may be due in large measure to a halo effect. The form was completed during the final session of the workshop when most of the participants feel a good deal of cohesiveness in the group and gratitude toward the leader. As a result, participants may be predisposed to express complimentary attitudes about the workshop, thus skewing the means toward the positive end of the scale. This is not necessarily bad nor an unusual event that is unique to the Child Guidance Workshop. Indeed, Brown (1976) notes that this attitude is a result of most organized, well run parenting groups. This is probably related to the universal feeling of relief that most parents express when they discover that they are not alone and that other people have similar problems. It may also be related to the knowledge that parenting techniques work and that a community service is available to give families the support that they need.

The rank orderings are still very useful, inasmuch as they remain a rank ordering and the top eight or nine can be considered an integral and particularly valuable part of the workshop. It is the author's observation that, because of time limitations, the bottom four rankings were not investigated deeply enough to give group participants a comprehensive understanding of their usefulness to parenting.

The pre-post results indicate that we may reject the null hypothesis and state that parents do perform significantly better on the Frequency/ Severity subscale test after the Child Guidance Workshop. It would appear that this significant improvement would be due to the Child Guidance Workshop experience, but that statement cannot be made unequivocally until these results are replicated with a control group.

The parental response scores also show significant improvement when compared on a pre-post basis. The scores are especially encouraging. The mean score before the Child Guidance Workshop was a -.34, indicating that as a group the parents, for the most part, were perpetuating and maintaining their children's behavior problems. Their mean score after the Child Guidance Worship was + .55, indicating that as a group they now were responding to their children's behaviors in such a way that their responses were most likely helping to eliminate the behavior problems. On this measure also, we may reject the null hypothesis and state that the parents did significantly better when responding to their children's problem behaviors as a result of the workshop experience. Again, one cannot credit this improvement unequivocally to the Child Guidance Workshop until a replication of this study is made with a control group.

CONCLUSION

The results of this project lead to the conclusions that, as a result of parent participation in the Child Guidance Workshop,

1. parents do gain knowledge about parenting skills;
2. parental responses in parenting situations do become more appropriate; and
3. the frequency and severity of children's problem behaviors undergo a significant decrease during the period of time that the parents participate in a Child Guidance Workshop.

As stated earlier, this study warrants replication with a control group before positive changes can be attributed solely to the Child Guidance Workshop. It would be advisable to include in future studies a follow-up measurement to ascertain if the realized results are indeed integrated into the parents' ongoing parental responses after they have discontinued participation in the workshop.

While the Child Guidance Workshop is not a service exclusively for parents of behaviorally disordered children (experience indicates that they make up 25-33% of a typical workshop), they have shown themselves to be representative of the population of parents as a whole and reflect the same benefits achieved from participation. One word of caution is offered. If a family is in need of intensive therapy or is in specific crisis, those needs must be addressed separately or at least concurrently with a parent training group. It is apparent, however, that the Child Guidance Workshop offers very beneficial results and that similar workshops can be incorporated into the school social worker's repertoire of interventive techniques.

ABOUT THE AUTHOR

Robert Gallagher, ACSW, LSW, is a school social worker with Keystone Area Education Agency. He is past President of the Iowa School Social Workers' Association as well as the Midwest School Social Work Council and a past member of NASW's Practice Advancement Council on School Social Work. He was the Iowa School Social Worker of the Year for the 1983-84 school year. He currently is assigned to all elementary behavioral disorders programs in the Dubuque Community School System and has conducted Child Guidance Workshops for the last 12 years.

REFERENCES

Berne, E. (1964). Games people play. New York: Grove Press.

Block, W. A. (1972). What your child really wants to know about sex and why. Greenwich, CT: Fawcett Crest.

Brown, C. C. (1976, November). It changed my life. Psychology Today, p. 47.

Dreikurs, R. (1964). Children: The challenge. New York: Hawthorn.

Ellis, A. (1975). How to raise an emotionally healthy, happy child. Hollywood, CA: Wilshire.

Ginott, H. G. (1965). Between parent and child. New York: Macmillan.

Gordon, T. (1970). Parent effectiveness training. New York: Signet.

Hanley, D. F. (1974). Changes in parent attitudes related to a parent effectiveness training and a family enrichment program. Dissertation Abstracts International, 34, 7044A.

Lamb, J., & Lamb, W. A. (1978). Parent education and elementary counseling. New York: Human Sciences Press.

Patterson, G. R., & Gullion, M. E. (1973). Living with children. Champaign, IL: Research Press.

Simon, S. B., Howe, L. W., & Kirschenbaum, H. (1972). Values clarification: A handbook of practical strategies for teachers and students. New York: Hart.

Smith, W., & Smith, N. (1969). Child management. Champaign, IL: Research Press.

Appendix A

PARENT KNOWLEDGE TEST

1. What is the child's strongest motivation?
   a. To get attention
   b. To belong
   c. To get his way
   d. To succeed

2. A child's position (oldest, youngest, middle) has a major effect on him?
   a. True
   b. False

3. Which of the following would a child find most encouraging?
   a. Be a good boy/girl
   b. You're doing a good job of cleaning your room
   c. I'm glad you're so smart
   d. When you get your work done, I'll have cookies for you

4. An "I" message:
   a. usually starts an argument
   b. Reflects one's willingness to be responsible for his/her feelings
   c. Reflects one's selfishness
   d. Usually doesn't work

5. We need to be aware of a child's goal.
   a. True
   b. False

6. Which is the most effective method to enforce rules?
   a. Periodic reinforcement
   b. Spanking
   c. Logical consequences
   d. Taking away privileges

7. Children should be respected as equals to adults?
   a. True
   b. False

8. Most children need a set daily routine day in and day out?
   a. True
   b. False

9. If you find yourself "arguing" with your child about his failure to take out the morning garbage, which is the most effective way to handle the situation?
   a. Refuse to allow him to play with his friends after school
   b. Deny him the privilege of watching Batman
   c. Spank him
   d. Go to the bathroom

10. You can best arrive at the goal of a child's misbehavior by:
   a. Asking him
   b. Observing what he does
   c. Looking at your feelings
   d. Analyzing his life

11. It is important to let children know that we know what they are feeling?
   a. True
   b. False

12. We must be exactly fair with all our children?
   a. True
   b. False

13. Who should decide on what is to be watched on T.V.?
   a. parents
   b. The first one there
   c. Dad, because he has to work all day
   d. Everyone must agree or no T.V.

14. In communicating with another person, the best indication of his/her emotional state is:
   a. How they look
   b. The words they are using
   c. How he/she is making you feel
   d. The situation

15. Rule: Mike must change his school clothes before going out to play.

   Situation: Mike changed his shirt and pants but not his shoes before going to play. He is half a mile away at his friend's house. What would you do?

   a. Let it go
   b. Telephone the friend and speak to Mike saying, "Mike, you must change your shoes before going out."
   c. Take his shoes to him and demand that he change into them
   d. Deny him the privilege of his favorite T.V. program that evening

Appendix B

BEHAVIOR SCALE

1. ____

____

FREQUENCY OF BEHAVIOR:

0	1	2	3	4	5	6	7	8	9	10
no longer happens	1/mo	2/mo		1/wk		3/wk /day		1-2 /day		4-more

SEVERITY OF BEHAVIOR:

1	2	3	4	5	6	7	8	9	10
very minor problem		bothersome problem		significant problem		disturbing problem		extremely disturbing	

YOUR MOST TYPICAL RESPONSE IS TO:

____

____

2. ____

____

FREQUENCY OF BEHAVIOR:

0	1	2	3	4	5	6	7	8	9	10
no longer happens	1/mo	2/mo		1/wk		3/wk		1-2 /day		4-more /day

SEVERITY OF BEHAVIOR:

1	2	3	4	5	6	7	8	9	10
very minor problem		bothersome problem		significant problem		disturbing problem		extremely disturbing	

YOUR MOST TYPICAL RESPONSE IS TO:

____

____

3. ____

____

FREQUENCY OF BEHAVIOR:

0	1	2	3	4	5	6	7	8	9	10
no longer happens	1/mo	2/mo		1/wk		3/wk		1-2 /day		4-more /day

SEVERITY OF BEHAVIOR:

1	2	3	4	5	6	7	8	9	10
very minor problem		bothersome problem		significant problem		disturbing problem		extremely disturbing	

YOUR MOST TYPICAL RESPONSE IS TO:

____

____

4. ____

____

FREQUENCY OF BEHAVIOR:

0	1	2	3	4	5	6	7	8	9	10
no longer happens	1/mo	2/mo		1/wk		3/wk		1-2 /day		4-more /day

SEVERITY OF BEHAVIOR:

1	2	3	4	5	6	7	8	9	10
very minor problem		bothersome problem		significant problem		disturbing problem		extremely disturbing	

YOUR MOST TYPICAL RESPONSE IS TO:

____

____

MAKING PARENT SUPPORT GROUPS WORK
FOR BEHAVIORALLY DISORDERED STUDENTS

Alvin J. Flieder

ABSTRACT: The utilization of parent support groups is presented as a component of systemic, as in systems theory, intervention on behalf of behaviorally disordered students. Suggestions for creating these groups are given and examples of successful groups are cited.

The positive value of blending parent participation into the education process is increasingly recognized among American educators. This was reinforced during the past decade through legislation pertaining to the education of the handicapped. Federal and state regulations structured parental involvement into the referral, evaluation, planning and intervention phases of special education. Parent counseling and training were identified as services to be provided. More recently, the National Commission on Excellence in Education (1983) emphasized the importance of parents' active participation in their children's education. Likewise, Iowa's First in the Nation in Education (1984) report and NASW's Human Factor: A Key to Excellence in Education (1985) recommended strategies for facilitating the home/school partnership as a step toward excellence.

This paper is intended to serve as a resource for anyone desiring to initiate a parent support group as part of an intervention program for the behaviorally disordered. The focus will be on developing groups for parents of BD students included in diagnostic Clusters I, II, III. The parents of Cluster IV BD students (autistic-like) have already realized benefits of parent support on many levels, as addressed by Messmer (1987) in the paper that follows. It is hoped that these papers will be seen as complementary.

Given the complicated and usually intangible nature of working with behavioral disorders, one needs to marshal all available positive influences for the student's benefit. In the recent Special Study on Terminology (1985) mandated by Congress, it was articulated that large differences have been found in the frequency of BD populations between various states, while the national average is less than 1% of the school-age population. The isolation that results from the low incidence of this disorder can fragment the home/school partnership. Educators and families alike may feel "distanced" from and frustrated with one another. Either group may project blame on the other. The result is that the child's interests are not optimally served, and communication between key components of the intervention system may deteriorate.

When communication drops off, continuity of intervention will suffer. Berkovitz (1975) notes that educators, including guidance counselors, appreciate the value of joining home-school-community forces. In particular, they have always felt a need to involve parents of problem children in group discussion. Unfortunately, group work training has not been part of most educators' experience. This training has been sacrificed because priorities exist in favor of more instructionally oriented methods of classroom teaching.

RATIONALE

School social workers, working in tandem with special education teachers, bring the needed expertise to create a program of systemic intervention. The school social worker provides support to the special education teacher in the instructional setting, where the teacher is the prominent interventionist, being specifically trained to instruct BD students. Conversely, the teacher supports the school social worker in the context of the parent support group, where the school social worker becomes the prominent interventionist. It is important to recognize the added value of a systems approach that this represents, that is, a set of dynamically interrelated elements in which the totality is more than a sum of its components. Molding group dynamics and parent participation into the special education plan in this way can create a powerful intervention system for the benefit of BD students.

The application of self-help groups in problem-solving has a long and successful tradition. Examples frequently cited are Alcoholics Anonymous, Parents Anonymous, and, more recently, Parents United (a support group for parents in families where sexual abuse has occurred). Essentially, the group approach offers a structure that is a source of mutual help, information and education, as well as a network for social support.

Irvin Yalom (1970) has listed these "curative factors" associated with group intervention:

1. Instillation of hope -- Growth and change are fostered as a result of witnessing it in others.

2. Universality -- The notion is dispelled that an individual is unique or alone with his or her problems; that is, other people also must face similar problems.
3. Altruism -- One's own experience can help to benefit others.
4. Social skills development -- The best place to develop social skills is in a group atmosphere of trust and openness, where new skills can be practiced in a context of mutual support and constructive feedback.
5. Opportunity to model -- Exposed to adaptive behavior within the group, members will tend to imitate this in their own lives.
6. Interpersonal learning -- Information which is distributed among group members enhances everyone's learning; that is, one person can learn from another.

Beyond these benefits, membership in such a group can help to establish identification with a positive effort to promote growth and mutual support. Once individuals recognize that they are dealing with a common problem, the sense of separation breaks down, thus providing opportunities in which productive communication can occur between educators and parents. When this type of communication has been established, progress toward positive change can be made (McDowell, 1984).

In his classic article on chronic sorrow, Olshansky (1962) emphasized that parents of handicapped children need to go beyond mere acceptance and begin "managing" their child's handicap. This was supported by Grossman's (1972) extensive study, which found that milder impairments with no visible signs of handicap proved to be most difficult in terms of parental adjustment. It was also found that one of the important ingredients in promoting adjustment to a handicap of this nature was the parents' opportunity to experience open and honest communication regarding the impact of their child's handicap. In addition, Walker (1979) suggested that parents are in a position to greatly increase the effectiveness of an intervention program, as well as facilitate generalization of child change across settings. This can occur most effectively if home/school collaboration is taking place. Further justification and rationale are given in Foege and Meredith's (1984) report on the PEGS Project.

In summary, a parent support group can provide the following advantages for teachers, parents and, ultimately, BD students:

1. A support network -- Parents gain a sense of security and affirmation in knowing that they have a common ground with other parents. The group can serve as a contact network for crisis intervention, mutual support and problem-solving.
2. A source of collective knowledge -- Group members benefit from shared learning experiences. Further knowledge may be sought via books, presentations, speakers, field trips, course work, etc.
3. An orientation experience for newcomers -- The group can counteract the factors of isolation, confusion and anxiety among parents whose children recently have been identified as behaviorally disordered. As West (1978) and Porter (1985) note, some parents need help through a period of mourning over the "lost ideal child". A group experience can help parents

understand and accept the BD classroom as a source of needed help, thereby easing the student's transition during the initial placement period.

4. An ongoing resource for parents -- The group may assist parents who are having difficulties managing their children or may help parents prepare for a staffing where such concerns will be addressed.

METHOD

A parent support group can be created if at least one person believes in the concept and has the resources and commitment to operationalize it. The chances of success will be enhanced when two or more people join together surrounding this purpose. The BD teacher may see the need for such a resource and contact the school social worker or other support personnel for assistance.

Since school social workers are most often trained and experienced in group work, this is an area where they can readily apply their expertise. The teacher may also include an interested parent to help organize the group. This core group of teacher, social worker and parent can begin the process by identifying common purposes, benefits and needs. Establishing the organizational structure will probably involve personal contact, as well as written correspondence, with those parents who might be participants. Usually personal contact is the best way to encourage membership and may be most effective if one of the parent leaders contacts other parents, encouraging them to participate.

The group will need a place to meet. The school will usually accommodate by providing a room for this purpose, especially after school hours. Some parents, however, may be uncomfortable with the school as a meeting place. If this is the case, more "neutral turf" may be sought, such as a church, bank or library meeting room.

Organizers may want to brainstorm a list of potential topics for each meeting, as well as the resources that can be tapped in order to cover them; that is, a "curriculum" may be developed for the group. When there is active participation, the group as a whole can make decisions on direction and content. Wise group leaders have content material prepared to keep the group moving, but they are willing to put it aside when the need for discussion, sharing, or problem-solving arises. Decisions must be made about frequency of meetings, provision of a babysitting service, the possibility of a newsletter, and the utility of providing a directory of parent names, addresses and phone numbers. If the group does not have unanimity regarding a directory, members may want to participate in this exchange on an informal basis.

The most productive parent support groups are those built around mutual participation and support. They are run for the benefit of parents, which results in subsequent benefits to the BD pupil. As the group coalesces, leadership may emerge completely from the parents. If this occurs, it is incumbent upon the professionals to fade into a resource/consultative/supportive role. Self-sustaining groups are usually the most productive, because participants have a greater sense of ownership.

The group may invite speakers or utilize resources available from the Area Education Agency (consultative, as well as media). They may establish links between themselves and similar groups in different parts of the state. They may enter into learning experiences, such as taking a class together or seeking new parenting skills or social skills. Whatever is undertaken, it is best when the purpose is defined within the group. Members participate in all decision-making, and decisions are made by consensus in a prevailing spirit of cooperation.

MODEL PROGRAMS

Parent Education Groups for Support

The PEGS (Parent Education Groups for Support) Project, created by Foege and Meredith (1984), involved a BD teacher and a school social worker team that provided a parent support group in a rural community. Here, students are transported from several different school districts to a centralized BD classroom. As a Project Iowa activity, their objectives were to

1. provide a group climate of mutual support for parents who have children in a BD program;
2. improve the parents' awareness and understanding of behavioral disorders; and
3. coordinate communication in the home/school relationship through problem-solving, intervention management and parenting techniques.

The model utilized a combination of social activities, home visits, outdoor activities and informal structure, along with some joint parent and child functions. To assist the professional leaders, needs assessment, program evaluation and follow-up were incorporated into the overall plan. At year's end, 88% of the responses on a 10-item evaluation questionnaire indicated that the parents benefited "quite a lot" to "very much" as a result of participation in the project. The frequency of parent/school contacts and subjective comments provided further positive feedback. The final report of the PEGS project contains many resources that would be useful to anyone developing a parent support group.

Parents Helping Parents

The PHP (Parents Helping Parents) Program, developed by Kern and Boore (1983), was a parent support group formed around educational and social purposes in a more urban setting of Eastern Iowa. This group, facilitated by two school social workers and a BD coordinator, served 5 elementary schools including 45 BD children. The group met on a monthly basis in a school building for 2-hour sessions. Average attendance ranged between 15 and 18 parents, and a babysitting service was provided. A volunteer parent steering committee met prior to the monthly meetings in order to establish the program for subsequent meetings. The format for large group meetings regularly included planned group activities, topical discussions and personal sharing, or a social activity. At one point the group honored BD teachers with a "Teacher Appreciation Night". A monthly newsletter was sent out and a directory of parents' names, addresses and phone numbers was provided. As with all parent support groups, PHP was intended to help parents gain a sense of self-control and direction in coping with the stresses of raising a behaviorally handicapped child. The group was also seen as a support to the special education system.

Parents of Autistic Children Support Group

Messmer's parent support group (described more completely in the paper that follows) provided educational and support services to parents of autistic children by meeting on a biweekly basis for 2-hour meetings. Discussion was an important part of each session, and parents participated in establishing each agenda. The identified goals of this group were 1) developing non-dependent, parent-professional relationships, 2) developing parents' self-sufficiency in organizing systems, and 3) networking to meet the autistic child's needs. The involved professionals helped to establish linkages between parents and sources of information that could enhance the lives and functioning of handicapped children.

CONCLUSION

In summary, a parent support group can be crucial in promoting a productive alliance between educators and parents for the benefit of BD students. This concept would be only one component of a systemic intervention program, but the partnership that evolves will reap many benefits for the enhancement of the overall educational experience of these students. Teaching parents can also be a very productive and effective way of intervening and reaching BD students, due to the natural tendency of children to model and identify with those behaviors exhibited within the family. Children will reflect the positive growth in their parents.

ABOUT THE AUTHOR

Al Flieder, ACSW, LSW, has been involved in the practice of school social work in Iowa since 1975. He is currently supervisor of the School Social Work Program at Grant Wood Area Education Agency, which serves seven counties in the Cedar Rapids-Iowa City area. Al received his MSW from the University of Minnesota and has previous experience in mental health settings. He is a Past-President of the Iowa School Social Work Association and currently serves on the Midwest School Social Work Council. He was recently appointed to the NASW National Commission on Education.

REFERENCES

Berkovitz, I. H. (Ed.). (1975). *When schools care: Creative use of groups in secondary schools*. New York: Brunner/Mazel.

Excellence in Education Task Force (1984). *First in the nation in education*. Des Moines: Iowa Department of Public Instruction.

Foege, R., & Meredith, N. (1984). *PEGS - Parent education groups for support: An indirect intervention for BD students.* Des Moines: Iowa Department of Public Instruction.

Grossman, F. (1972). *Brothers and sisters of retarded children*. New York: Syracuse University Press.

Kern, M., & Boore, D. (1983, March). *Parents helping parents: An emotional disabilities parent support group that works*. Paper presented at Practice Innovations '83 Conference sponsored by the Department of Public Instruction and the Iowa School Social Worker Association, Des Moines.

McDowell, R. (1984, November). *Building effective parenting programs*. paper presented at BD Conference, Ames, IA.

Messmer, S. F. (1987). Supportive services to parents of autistic children in local communities. In J. G. McCullagh & C. A. McCullagh (Eds.), *School social work interventions with behaviorally disordered children: Practical applications of theory*. (pp. 218-226). Des Moines: Iowa Department of Education.

Mintzies, P., & Hare, I. (1985). *The human factor: A key to excellence in education*. Silver Spring, MD: National Association of Social Workers.

National Commission on Excellence in Education. (1983). A nation at risk: The imperative for educational reform (Stock No. 065-000-00177-2). Washington, DC: U.S. Government Printing Office.

Olshansky, S. (1962). Chronic sorrow: A response to having a mentally defective child. Social Casework, 43, 190-193.

Porter, J. (1985, February). Focus on the family - nurturing young deaf children. Paper presented at the Third National School Social Work Conference, New Orleans.

Tallmadge, G. K., Gamel, N. N., Munson, R. G., & Hanley, T. V. (1985). Special study on terminology: Comprehensive review and evaluation report (Contract No. 300-84-0144). Mountain View, CA:SRA Technologies.

Walker, H. (1979). The acting out child. Newton, MA: Allyn & Bacon.

West, M. (1978). The social worker specializing in handicapped children. In K. E. Allen (Ed.), Early intervention - a team approach (pp. 269-285). Baltimore: University Park Press.

Yalom, I. (1970). Theory and practice of group psychotherapy. New York: Basic Books.

SUPPORTIVE SERVICES TO PARENTS OF AUTISTIC CHILDREN IN LOCAL COMMUNITIES

Sarah F. Messmer

ABSTRACT: Parents of autistic children have common needs for accurate information about the syndrome of autism as well as peer support from parents of other autistic children. Due to the low incidence of this disorder, particularly in a rural state such as Iowa, it is unlikely that parents will have access to an organization to meet such needs. This paper describes the development of such a parent education/support group as a function of the school social worker's role.

The de-institutionalization movement of the past decade and the provisions of Public Law 94-142 have increased the likelihood of autistic children remaining in their local communities and public school programs. In response, the Iowa Rules of Special Education (1985) recognize children manifesting the syndrome of autism as a distinct cluster of behaviorally disordered students. The school social worker has the opportunity to recognize and respond to the needs of parents of autistic students as a unique population.

These needs are complex, diverse, and evolve in response to the child's growth and development. Parents of autistic children are, quite simply, parents of permanently and severely handicapped children. For parents of any disabled child, diagnosis triggers a grief reaction that is not resolved in acceptance, but in adjustment of expectations, values, self-concept, roles, and lifestyle to accommodate the reality of the child and all that the diagnosis of disability implies (Featherstone, 1981, pp. 3-12).

For parents of autistic children, the grief process is complicated and prolonged by several factors (National Society for Autistic Children, 1981, pp. 19-24).

1. Parents emotionally bond to a newborn who is visibly normal--"perfect" their eyes.
2. Early characteristics of autism are subtle and easy to overlook, ignore, or rationalize. Parental perception of the child as normal is thus prolonged and strengthened, prompting inappropriate expectations and aspirations.
3. Definitive diagnosis is difficult, often resulting in erroneous professional judgments of normalcy and reassurances such as "not to worry...every child is different, etc". (Autistic children are typically undiagnosed or misdiagnosed until age 4 or 5).
4. Misdiagnosis of autism is common, with parents receiving as many diagnoses as professionals who evaluate the child. Consequently, parents experience recurrent frustration, confusion, uncertainty, and disillusionment. They do not know who to believe, and they are unable to begin the readjustment process because they do not know to what they must adjust.
5. The current state of knowledge about autism--its cause, treatment, and prognosis--provides more information about what it is not, than what it is. Parents continue to hope for a "cure" and often have difficulty accepting autism as a lifelong disability.

These common experiences of parents of autistic children create a unique set of needs.

Parents of autistic children have themselves identified five components of support which professionals need to provide. Honest and complete sharing of information is the foundation upon which a sound parent-professional relationship may be established (Turnbull & Turnbull, 1978, p. 25). The grief and adjustment process is paralyzed by professionals who withhold, defer, or distort information. Parents want to know what professionals know about their child and what they do not know (Turnbull & Turnbull, 1978, p. 14). Definition of the autistic child as the focus of the service rather than analysis of family dynamics is crucial to professional effectiveness (Culbertson, 1977, p. 64).

Parents of autistic children want the opportunity to discuss and re-discuss their child's condition with others who are knowledgeable and empathic (Turnbull & Turnbull, 1978, p. 208). Information presented to parents in medical and educational staffings is typically too formal, sterile, technical, and rapid to allow assimilation (Leigh, 1975, pp. 49-50). Parents desire time and guidance in the examination of all implications and possibilities (Buscaglia, 1975, p. 282).

Parents have identified the need for a listener who is not offended nor made uncomfortable by the emotions of the parent (Raaz, 1982, p. 254). Parents describe the model professional as one who will allow them to have a "bad day, a bad week, or even a bad year" without criticizing or urging them to be more positive (Buscaglia, 1975, p. 284-285).

Although the focus of the parent-professional concern is on the autistic child, parents also need recognition of the equally valid and important needs, strengths, and weaknesses of each family member (Raaz, 1982, p. 255). The challenges and contradictions to the family as individuals and as a unit are important elements of their coping with the needs of the autistic child (Culbertson, 1977, p. 64).

Finally, parents have stated their desire for full and meaningful participation in the planning of their child's education and treatment (Turnbull & Turnbull, 1978, p. 24). Access to accurate, current information about the syndrome of autism, coupled with the opportunity to problem-solve with professionals, enhance parents' abilities to understand their child's needs, cope with his or her disability, and make decisions in their child's and family's best interests.

METHOD

The Special Education Director of Arrowhead Area Education Agency determined in 1982 that a full range of services designed to meet the needs of autistic students as a distinct group would be provided. A multidisciplinary team was appointed and charged with the responsibility to develop instructional and support services to the autistic population within the agency's geographical boundaries. The school social worker was assigned to the area of home-school coordination, with parents targeted as the primary clients.

The first tasks of service development included a review of pertinent literature, a local needs assessment (parents, service agencies, parent-professional organizations, regular and special educators), and structured interviews with parents. The results of this inquiry confirmed that the nature of parents' needs were similar to those identified in the literature. The study revealed a void in the service system to parents of autistic children and established that supportive services were perceived as appropriate and necessary. The needs assessment also identified a sense of isolation as a common problem of parents, probably due to the low incidence of autism in the general population confounded by the population sparsity in a rural setting.

Working with an advisory committee of parents, educators, and service agencies, the school social worker assumed a leadership role in developing services to respond to identified needs. In addition to basic casework services to meet individual needs, a parent education/support group was planned to address common needs. Goals included decreasing social isolation by creating a network for parent interaction and peer support, providing accurate and current information about the syndrome of autism, creating a linkage between educators and parents in an empathic atmosphere, and addressing both emotional and pragmatic concerns of parents through mutual problem-solving.

Once the planning phase was complete, parents of each identified autistic child (birth through 21 years) were contacted by letter to invite their participation. A follow-up telephone contact personalized the invitation and provided the opportunity to answer questions and identify initial concerns.

Biweekly, 2-hour meetings were scheduled throughout the school year. The agenda for each meeting reflected both educational and supportive goals. One hour was carefully planned to present information on a selected topic, and one hour was set aside for parent discussion of any matter of individual or group concern. Parent education was implemented through films, selected articles, guest speakers, and presentations by the school social worker. Topics first requested by parents included definition, characteristics, etiology, treatment alternatives, and prognosis of the syndrome of autism. Associated topics included respite considerations, public financial programs, medical and life insurance, estate planning for the developmentally disabled, needs of siblings, and parent grief reactions.

As general information about autism was provided, parents also wanted guidance in application to their own child. As trust among group members developed, discussion became increasingly child specific. Parents brought prior medical and educational reports for interpretation, validation, and group discussion. The social worker assisted in decoding jargon and translating information so that the individual child's characteristics and needs were more recognizable to parents. The need for repetition of information must be expected, as levels of understanding are complex and the gradual emotional adjustment to parenting a handicapped child influences the capacity to synthesize information.

Participation by parents across all developmental ages enhanced the value of the group for each member. Parents of the adolescents and young adults provided a sense of future through their interests in alternative living arrangements, career/vocational options, social/recreational needs, as well as the value of their own long-term parenting experiences. Parents of the young children evoked memories of unresolved issues from the earlier years that could at last be addressed by parents of the older students. Genuine peer support was validated by parents communicating between sessions on their own initiative, arranging car pools, developing a respite care co-op among members, and jointly attending meetings and conferences offered by other agencies and groups throughout the state.

DISCUSSION

Supportive services to parents of autistic children emerge from a profound respect for the damage from autism, not only to the autistic child but to each family member. In addition to attitudinal orientation, it is essential that the school social worker be knowledgeable about the syndrome of autism as a specific disorder.

Parents typically entered the group expressing disillusionment with professionals, as prior experiences were perceived as negative in various ways. Perhaps most destructive was the inaccurate but still persuasive explanation of etiology as the product of conscious or unconscious pathology in the parent-child relationship. Information available to parents through mass media tends to portray miracle cures (as in made-for-television movies, such as "Lovey" and "Son Rise") or to elicit pity. Neither is helpful to the parent struggling to understand and cope with an autistic child.

The school social worker must be prepared for questions, doubts, and challenges that both identify areas of need for additional information and reveal the parents' level of adjustment in the grief process. Response by the social worker at both levels--providing information and interpreting the source of need for information--is helpful to the parents.

The ultimate goal of parent education and support is to foster a non-dependent parent-professional relationship and to enhance parent self-sufficiency in organizing systems to meet the autistic child's needs. It is most helpful to emphasize establishing linkages with permanent sources of information, such as the National Society for Autistic Children, Iowa Developmental Disability Council, and similar agencies and organizations.

Parenting is a lifelong process for which there is no "final session". As the child grows older and the family develops, new needs emerge. This parent group, composed of original parent members and parents of since-identified children, continues to meet and grow. The role of the school social worker is increasingly consultative as the group has developed a sophisticated sense of its own identity, purpose, and direction. Through this process, the school social worker does not offer an illusive "cure", but contributes to the dignity, strength, and endurance of parents of autistic children.

ABOUT THE AUTHOR

Sarah Messmer received her MSW from the University of Kansas in 1976, specializing in school and clinical social work. Prior to employment with Arrowhead Area Education Agency in 1978, Ms. Messmer had experience with autistic children in classroom and residential settings. The program described in this paper was a component of a 3-year project funded by the Department of Public Instruction from 1981-84.

REFERENCES

Buscaglia, L. (Ed.). (1975). The disabled and their parents: A counseling challenge. Thorofare, NJ: Charles B. Slack.

Culbertson, F. M. (1977). The search for help of parents of autistic children or beware of professional "groupthink". Journal of Clinical Child Psychology, 6(3), 63-65.

Featherstone, H. (1981). A difference in the family: Living with a disabled child. New York: Penguin Books.

Iowa Department of Public Instruction. (1985). Rules of special education. Des Moines, IA: Department of Public Instruction, Division of Special Education.

Leigh, J. (1975). What we know about counseling the disabled and their parents: A review of the literature. In L. Buscaglia, (Ed.), The disabled and their parents: A counseling challenge (pp. 39-63). Thorofare, NJ: Charles B. Slack.

National Society for Autistic Children. (1981). How they grow: A handbook for parents of young children with autism. Washington, DC: Author.

Raaz, N. (1982). Working with parents of students with autism. In C. Smith, J. Grimes, & J. J. Freilinger (Eds.). Autism: Programmatic consideration (pp. 238-259). Des Moines, IA: Department of Public Instruction.

Turnbull, A. P., & Turnbull, H. R., III. (1978). Parents speak out. Columbus, OH: Merrill.

SECTION FOUR

EFFECTING CHANGE AT THE LOCAL, STATE, AND NATIONAL LEVELS: INTERVENTIONS FOR THE PRESENT AND THE FUTURE

The final section, consisting of six papers, expands on the role of social work practice and services. Armstrong and Rosenkrans present two viable models that effectively coordinate services to the behaviorally disordered. McCullagh emphasizes the importance of accountability for school social workers and reviews resources that are available to the practitioner for conducting research. Hare stresses the essential policy-practice connection between the nation's capital and the local community. Jacobsen voices an often-heard plea that we move away from just child-focused services to a school and community focus. Davis's paper concludes this handbook. She looks to the future from the perspective of a system's approach, delineates goals, and suggests strategies for the present and the future. Papers in this section center the focus primarily on the larger "situation"—on societal factors and conditions—that impinges on service delivery. The "person-in-the-situation" configuration, social work's historic mission to maintain a dual focus, provides the motivation and rationale to examine and impact societal forces that affect families and children.

PLANNING AND COORDINATING SERVICES

Service delivery to the behaviorally disordered and other children and families requiring special education services optimally can be met by a coordinated multi-agency and multi-professional approach. The U.S. Department of Education (1986), acknowledging the diverse and complex service needs of the behaviorally disordered, emphasized the need for the "coordination of medical, educational, and human service providers" (p. xv). Three factors were identified to insure the success of emerging interagency, interdisciplinary efforts: (1) "There must be an impetus for agencies and professionals to work together"; (2) "professionals from different disciplines must be trained to work cooperatively"; and, (3) "there must be a mechanism for coordinating the activities of the multiple agencies and disciplines" (pp. 44-45).

Models that coordinate services are presented by Armstrong and Rosenkrans. Both authors describe the rationale for creating new organizational structures, discuss the resultant benefits, and detail the role of school social workers. They each detail the workings of these agencies and explain the structure so that others may be guided by their efforts. These two successfully operating models of service delivery also illustrate the importance of the three factors reported by the Department of Education.

THE RESEARCH ORIENTED SCHOOL SOCIAL WORKER

Demonstration of practice effectiveness is a recurring theme in an age of accountability coupled with scarce resources and competing demands for available funds. School social workers since the 1900s have shown that they are an integral component of schools and have unique functions. School social workers in Iowa, each day in hundreds of schools and specialized programs, perform a variety of tasks to facilitate change, so that children, and especially children with behavioral disorders, can better benefit from the available educational opportunities. The paper by McCullagh brings together a diversity of recent resources designed for the practitioner who wants a brief overview of research materials and tools for integrating research with practice and conducting program evaluation.

The difference one school social worker has made in the life of one child, with resulting joy for the family and teacher, is a frequent occurrence. Similarly, the realization of program objectives by the AEA social work departments merits attention. Change at all levels can be demonstrated to decision-makers. A research-oriented perspective can serve multiple purposes (Weatherley, 1982). Ultimately, it serves the purpose to enable social workers to be accountable to children and parents, as well as to the school and community. All have a right to the highest quality of professional service.

MAKING THE LOCAL-NATIONAL CONNECTION WORK

Isadora Hare, NASW Staff Director of the Commission on Education, highlights the connection between the three branches of government residing in the nation's capital and the activities of school social workers in local communities. She describes seven methods of intervention--getting information, maintaining information flow, writing letters, testifying, lobbying, building coalitions, and running for office--to effect change at the national level, methods that also can be utilized at the state and local levels.

The passage of P.L. 94-142 in 1975 and the proposed rules in 1982 illustrates the importance of the local-national connection and application of selected interventions to achieve desired goals. The Education for All Handicapped Children Act of 1975 is a declaration of independence guaranteeing all children a right to a free and appropriate public education. Millions of young people are now receiving special education services which once were denied to them.

In 1982, as Hare states, the Reagan administration published proposed rules which would have gutted the present regulations to P.L. 94-142. "School health services, social work services in schools, and parent counseling and training" (Department of Education, 1982), for example, were deleted from the new definition of Related Services.

The Department of Education held public hearings in Washington, D.C. and 10 regional sites between September 8 and October 6, 1982, in response to the proposed deregulation. Over 1,400 testified; thousands of letters, petitions, form letters, and postcards--over 30,000--were received by the Department. Most expressed opposition to the proposed rules. The school social work community testified, wrote letters, and lobbied voicing opposition (McCullagh, in press).

Responses to the proposed changes, in some instances, were quite exceptional. For example, one school social work department of an Area Education Agency in Iowa submitted a package of 39 letters, examples of social work intervention, and the results of a survey to parents regarding the quality of social work services. The letters, all supporting the importance of social work services, were written by teachers, principals, parents, local and state leaders of citizen groups, directors of guidance, counselors, the superintendent of schools, administrators of the Department of Human Services, the local director of court services, and others. Perhaps an excerpt from one parent letter from this packet characterizes the importance of social work services in the schools: "The worker in our school has helped my son to the degree that last year he changed from a very angry disruptive child who couldn't do his school work and had no friends. He is now an excellent student who has several friends and he's a very happy boy." This unique package of letters demonstrated broad community support for social work services.

The importance of letter writing and giving testimony by school social workers, NASW chapters, and state school social work associations are important factors in obtaining policies and laws on behalf of all children in school and especially children in need of special education. Much more can be done, of course, and is being done by countless social workers, NASW national, NASW chapters, state school social work associations, hundreds of advocacy, consumer, and provider organizations, and many more professional associations and coalitions (McCullagh, 1981, 1984).

SHIFTING FOCUS TO A SCHOOL-CENTERED APPROACH

Jacobsen offers eight specific suggestions that will allow practitioners to move from a "child-oriented approach to a school- or school district-centered approach". It is important that workers shift their focus from the individual to larger systems and problems. The need to maintain the dual function of social work is a recurring and essential theme. School social workers have a "dual and simultaneous function:

to strengthen people's coping patterns and their growth potential on the one hand, and to improve the quality of the impinging environment on the other" (Germain, 1982, p. 5). Jacobsen's suggestions and accompanying activities will be new to some workers, but, as workers embark on expanded roles with the support and involvement of colleagues and decision-makers, service delivery on behalf of the behaviorally disordered should be enhanced.

Shifting focus requires planning, preparation, and support. Understanding the political process of educational decision-making is essential. Barbaro (1980) offers "a model of educational decision-making" (p. 7) and some survival strategies to further social work efforts while maintaining positions. McCullagh (1982) also describes a variety of survival strategies directed to building support for school social work services. Strategies focus on building and maintaining support in the school community, including the development of a "comprehensive plan for delivering services" (p. 6). Reaching out to the larger community to publicize services is essential. "If others are not made aware of school social work services they will assume such services do not exist" (p. 12).

An excellent model for "designing school social work services" (p. 214) is included in a recent text on Social Work Services in Schools by Allen-Meares, Washington, and Welsh (1986). Four major tasks are detailed: "entry-level," "data gathering", "negotiating a plan of work", and obtaining "evaluation and feedback" (p. 214). Guidelines, prepared by Deshler, for studying communities, analyzing community dynamics, studying individual schools, and analyzing school dynamics complement the four-stage process. This process reflects Jacobsen's plea for school social workers to go beyond service to the individual, though necessary, to examine larger systems, including the needs of the behaviorally disordered and their families.

FORWARD TO THE 1990S

It is now time to look forward, to glance at the future, to set goals for the 1990s, and to develop strategies to meet our aspirations for continued and enhanced social work practice. Davis looks toward the future and suggests goals and strategies for change. Her paper anchors the handbook by indicating that school social workers must move forward to meet new challenges, devise new and refined interventions, and conduct research and demonstrate accountability. They must continue with others to ameliorate societal conditions that foster a range of social problems--unemployment, poverty, family breakdown, discrimination, victimization--that are harmful to communities, families, and children.

Forecasting the future is a difficult task, but school social workers and others recognize that we now are living in a global society, the effects of which impinge on Iowans. The farm crisis is real; there are many economic crises affecting thousands of families, hundreds of communities, and all of us in some way. Schools systems face the personal tragedies of so many individual children while struggling with the lack of adequate funding from all levels of government. The retrenchment of needed resources poses a major threat to services for the behaviorally disordered in subsequent years.

Service models for planning and coordination of services are exciting and innovative. Armstrong and Rosenkrans suggest two different models for coordination of services. The future is now; such models should be seriously considered throughout Iowa to ensure efficient as well as cost effective delivery of services.

If we believe that all children are entitled to a free and appropriate public education, we must continue to advocate for adequate funding and realigned national priorities. We must be mindful that such important laws as P.L. 94-142 were once proposed for deregulation. All children and their parents, especially those who were once pushed aside, ask for a hand-up and not for a handout, for independence and not dependence, for work and not assistance--for an education and necessary related services to achieve their dreams.

School social work practice in Iowa on behalf of the behaviorally disordered is multifaceted to meet diverse needs. The papers in this handbook suggest a diversity of interventions from a sampling of practitioners. Over 200 Iowa school social work practitioners commit themselves daily to serve communities, schools, and--the reason we all serve--the children of Iowa. This handbook is for you--a sampling of your work--and for those we work with and serve.

-J.G.M.

REFERENCES

Allen-Meares, P., Washington, R. O., & Welsh, B. L. (1986). Social work services in schools. Englewood Cliffs, NJ: Prentice-Hall.

Barbaro, F. (1980). School social work: The politics of professional survival. Social Work in education, 3(1), 5-17.

Department of Education. (1982, August 4). Assistance to states for education of handicapped children. Federal Register, 47(150), 33835-33860.

Germain, C. B. (1982). An ecological perspective on social work in the schools. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 3-12). Homewood, IL: Dorsey.

McCullagh, J. G. (1984). Challenging the Reagan administration's assault on children and youths. Social Work in Education, 6, 274-278.

McCullagh, J. G. (in press). Social workers as advocates: A case example. Social Work in Education.

McCullagh, J. G. (1981). State associations: Strength in unity. Social Work in Education, 4(1), 62-68.

McCullagh, J. G. (1982). Survival strategies for school social workers. Social Work in Education, 4(3), 5-15.

U.S. Department of Education. (1986). Eighth annual report to Congress on the implementation of the Education of the Handicapped Act (Vol. 1). Washington, DC: U.S. Department of Education.

Weatherley, R. (1982). Practical approaches to conducting and using research in the schools. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 331-341). Homewood, IL: Dorsey.

USING COORDINATION TO MAXIMIZE SERVICES:
A MULTI-AGENCY AND CASE MANAGEMENT APPROACH

Ronda Parks Armstrong

ABSTRACT: Children with behavior problems and their families often require the services of more than one professional or agency. Coordination of these efforts is an essential strategy for effective intervention. This article highlights Area Comprehensive Evaluation Services (ACES), a successful example of coordination of services through the use of a multi-agency coalition and case management. ACES provides evaluation and case planning with emphasis on coordination and use of existing resources while minimizing duplication.

More attention in recent years has been drawn to interagency collaboration and coordination of services for children with varied handicapping conditions and their families (Baxter, 1982; Bertsche & Horejsi, 1980; Elder & McGrab, 1980; LaCour, 1982; Martinson, 1982). It is not uncommon for children with behavioral disorders and their families to require services from a variety of professionals and agencies. As a result more interest has been created regarding the use of interagency cooperation to coordinate services on behalf of children with behavioral disorders (Grosenick, 1981; Huntze, 1985).

According to Huntze (1985), the literature regarding interagency collaboration has focused on the concept and need for interagency coordination or on the early planning stages rather than citing examples of successful projects. Huntze (1985) calls for examination of the specific components of outstanding successful efforts. To address the challenge, this paper focuses on Area Comprehensive Evaluation Services

(ACES)--one notable illustration of interagency coordination that has proven successful over its 7 years of service provision (1979-1986).

OVERVIEW OF ACES

Located in Des Moines, Iowa, ACES serves 11 counties in central Iowa. Sponsors are Heartland Education Agency, Child Health Speciality Clinics (formerly known as State Services for Crippled Children), Iowa Department of Human Services, Iowa Methodist Medical Center, and Polk County Health Services. It is a multi-agency coalition to provide evaluation and case planning for children birth to age 21 with identified or suspected handicapping conditions and their families. Coordination and use of existing resources are emphasized while minimizing duplication. In addition to coordination on administrative and program levels, use of case management accomplishes coordination on the client level.

The sponsoring agencies provide resources and staff to operate ACES. The staff members (developmental pediatrician, school social worker, pediatric nurse practitioner, clinic coordinator, school psychologist, social worker, clinical psychologist, and secretary) remain employees of their respective agencies or contractors, but are officed together to provide services in one location. Governance of ACES is through interagency agreements and by an executive committee comprised of the administrators of the five sponsoring agencies, the ACES coordinator, and medical director. An advisory board of consumers and other community professionals also provides input for ACES.

Children are referred by a variety of community agencies and professionals. Increasingly, referrals are made by the parents themselves. Using a team approach that emphasizes family involvement, comprehensive assessment of the child and his or her family includes psychological, educational, social, emotional, behavioral, and physical components. Evaluation results are explained to the family, and the team and family together explore the strategies and resource options to meet the identified needs. Accurate diagnosis and use of appropriate community resources are paramount in developing and implementing intervention plans. ACES services continue by means of appropriate community resource referrals and planned follow-up of case progress.

While not all the children served by ACES are identified as having behavioral disorders, many who are evaluated have behavioral difficulties. Presenting concerns frequently include a variety of behavioral problems; that is, a child may have a short attention span or may be overactive, distractible, disruptive, impulsive, anxious, preoccupied, passive, self-isolated, noncompliant, aggressive, or may present somatic complaints. An ACES evaluation often provides additional understanding of a child's behavior. This data assists the parents and local school team to determine if a student's behavioral patterns are truly different from peers and are significantly interfering with the student's education, relationships, or school adjustment. ACES findings may also stimulate new strategies for intervention. Over the course of 7 years, referrals initiated because of behavioral concerns have increased, as have diagnoses that reflect behavioral components. In fact, the need to further address behavioral concerns was so great that a fifth agency joined the coalition in 1984 to provide the additional service of a clinical psychologist.

THE DEVELOPMENT OF ACES

Widespread recognition of the need for coordination must precede the development of any mechanism for coordination. Hartman and Wickey (1976) describe this condition as "yeast". What prompted the development of ACES? Bruner and Parks (1979) and Armstrong (1982) have previously noted precipitating factors and detailed the early development of ACES. A condensed explanation occurs here.

In the mid-1970s the general climate affecting service delivery to handicapped children included (1) growing knowledge about the field and additional strategies to utilize technological advances, (2) more emphasis on systems orientation and coordination, (3) increased consumer advocacy for improved and appropriate services, and (4) several instances of federal and state legislation. Such a climate gave rise to increased activity and services available for those with handicapping conditions. When the need for coordination started to surface in central Iowa, a group of community professionals, private practitioners, and concerned persons began meeting informally. In addition, the Des Moines Child Study Center was expected to close due to meager funding, and the issue of the availability of appropriate and accessible services for handicapped children and their families was brought to the forefront.

Eighteen months prior to July 1, 1979, (when ACES became operational) some of the informal group members created a more formal structure to build a coalition to meet the needs that were being identified. The following factors were among those that indicated the need for coordination:

1. The fragmentation and duplication of services;
2. The need to maximize the effectiveness of existing services;
3. The need for comprehensive services across agencies and disciplines;
4. The requirements for increasing availability of services to meet responsibilities of federal and state legislation and agency missions;
5. Economics (higher costs, less funds, more clients to serve).

RECOGNIZING AND OVERCOMING BARRIERS

Some natural barriers to developing collaborative efforts typically surface. Each agency has its own vested interests. A sense of competitiveness, territoriality, the desire to be autonomous, and lack of training in collaboration may hamper efforts. Each person and agency has distinct values, philosophy, language, personality, and reputation. Communication may be quite challenging, with participants operating from different frameworks. Others have also described barriers and constraints (Elder & McGrab, 1980; Johnson, McLaughlin, & Christensen, 1982; LaCour, 1982; Martinson, 1982; Rice, 1977).

In assessing the ACES experience, however, several factors can be noted that enhanced the success in overcoming these barriers both in developmental stages and continuing operation. Having a skilled facilitator to act as a mediator and catalyst for communication is essential. This was very true when the coalition first began to develop ACES. The coordinator had a varied professional experience (psychiatric nursing, early childhood education, family therapy and systems orientation) and was not previously aligned with any of the agencies. Currently, the clinical coordinator of ACES continues to play a vital role in facilitating the work of the executive committee and the ACES team. Awareness that barriers exist increases the possibility that those barriers will not keep the participants from addressing the task at hand.

Another key point is understanding that it is not only the common concerns of the agencies, but also the uniqueness of each that is the underlying strength of the coalition approach. Collaboration is enhanced and continues if each agency perceives that the activities of the coalition indeed relate to the priorities and needs of each individual agency's mission and clientele. For example, Heartland Area Education Agency benefits from increased avenues for early identification of children and the additional medical and clinical expertise that is available as a result of participation in the coalition.

Time helps to weaken barriers if agencies are accomplishing tasks that increase knowledge of each other and projects that help the agencies "practice" working together. Involving direct service staff and consumers, as well as administrators, helps overcome constraints because support is generated on several different levels. For instance, approximately 9 months prior to ACES beginning service to clients, a school social worker was assigned to ACES and subsequently became part of the ACES team. She and some of the other future team members played important roles in finalizing the plans for ACES. This included helping to identify the policies and procedures by which ACES would operate, designing agency forms and brochures, and doing public relations on behalf of ACES.

CORNERSTONE CONCEPTS

ACES is founded on several basic concepts. The planners of ACES believed that a multi-agency coalition to integrate services was preferable to creating a new agency. This was congruent with their wish to reduce duplication. The services were already available but fragmented. In addition, an integrated approach was viewed as more viable than separate agencies or practitioners setting up continuing unilateral networks each time consultation was needed. The ACES system differs from convening professionals from around the community to discuss specific cases, although such an approach also has its usefulness. It took a great deal of motivation and courage for the developers of ACES to establish a coalition of public and private agencies which, in turn, created a team that was connected yet separate from the parent agencies. No models were identified as precedents. While other community sponsored clinics existed around Iowa, central Iowa is a unique community requiring an innovative approach. Acting as pioneers, the coalition members made decisions that showed foresight and faith that this model would meet current as well as future needs.

As previously stated, ACES is based on the use of existing resources. A cornerstone concept is the bringing together of child, family, and community services. Community resources are upheld as primary whenever possible before ACES services are activated. For example, ACES may suggest a local school evaluation for a student if it has not been conducted and is appropriate. The responsibility for ongoing intervention with children and families is again placed with the local community resources.

ACES acts capably in a variety of circumstances. Most notable are cases that often fall in the following categories:

1. Ongoing complex cases requiring a number of services already offered from local resources, particularly those instances where communication is problematic;
2. The need to seek additional expertise beyond the local primary resource, including second opinions;
3. Situations where uncertainty exists as to what services are needed and what options are available.

BENEFITS

Aside from reducing fragmentation and enhancing the coordination of services, ACES team members and members of its governing body have an increased understanding of each supporting agency and its services. As a result, ACES personnel promote more appropriate use of community services among allied professionals and groups as well as among families. They are better able to pinpoint alternative services for clients and how to access those resources.

The ACES team is one of varied disciplines and backgrounds representing different agencies. Consequently, the pool of professional expertise and knowledge of resources and strategies is increased beyond a certain profession or setting. Due to the knowledge of major systems and a variety of community resources and practitioners, ACES is often able to make a closer match between the client and services, for example, referral to a family therapist who will "fit" the family. Since representatives of some key providers of services to children are already involved with ACES, planning is enhanced. Case planning may well be comprehensive across a continuum of needs.

THE CASE MANAGER ROLE

This paper thus far has described coordination of services from the administrative or program level of a coalition approach. Within this model, another form of coordination exists on the client level and builds upon the benefits of a coalition approach. As a method of intervention, coordination on behalf of the client may be known as case coordination (Bertsche & Horejsi, 1980), case management (Baerwald, 1983), or is often accomplished in some fashion by school social workers through the role of home-school-community liaison. At ACES the term used is "case management" and involves such activities as assessment, case planning, advocacy, resource mobilization, and monitoring of progress. The AEA social worker, DHS social worker, and occasionally the clinical coordinator are assigned as case managers.

After an intake is reviewed by the ACES team, a case manger is assigned on the team. The case manager is responsible for coordinating activities regarding that case. This clearly establishes one contact person for the family, community professionals, and ACES team members.

The case manager oversees the gathering of all previous and current information about the family. This includes appropriate questionnaires and behavioral checklists and arranging for observations of behavior at school if needed. This information helps team members to prepare for the evaluation.

Emphasis is placed on the collection of information prior to the ACES evaluation (1) to reduce duplication of service, (2) to build on prior efforts as appropriate, (3) to allow consolidation and summarization of all information about the child and family, (4) to identify patterns, similarities, and differences in previous findings, and (5) to establish what has been tried before. The process of gathering such written and verbal information enhances the involvement and support of the family and concerned professionals. They learn more about ACES and the case manager learns more about those involved. Common interests are discovered.

Evaluations at ACES usually last one full day. The case manager, who often has already had several telephone contacts with the family, greets them and again explains the schedule for the day. The case manager interviews the parents. The interview is designed to fit the needs of each specific situation. Basic to each is defining the parents' concerns, obtaining an accurate picture of a child's behavior patterns and the family's responses, discussion of what has been tried, developing ideas the parents may have on what to do next, and assessing the strengths and needs of a family. It is not unusual for the family to have confusion about what they have been told previously or to feel alienated from the agencies from which they have sought services. A foremost goal is keeping the family involved in the ACES evaluation process and building an understanding of them that will enhance the creation of a successful plan of intervention.

Once the team has presented its findings and possible alternatives, the case manager facilitates a discussion with the family. A mutually satisfying action plan emerges. The case manager offers guidance on how to access services and supplies information about available resources.

After securing appropriate releases of information, the case manager contacts community resources as needed to discuss evaluation results and to encourage their cooperation in helping the child and family. Arrangements may be made to meet with local resources representatives and the family. As stated earlier, the responsibility for ongoing intervention remains with the local resources who use the ACES findings to tailor their services. Other ACES staff may make agency contacts and provide follow-up, but the case manager remains the central person to coordinate the information and activity regarding the case.

The case manager also oversees the compilation of the comprehensive evaluation report, which is sent to the parents and designated others. Attention is given to the language used in reports, and care is taken to insure that reports are clear and accurate. Reports are designed to facilitate understanding of the concerns and to be a motivating tool for change.

Follow-up telephone calls by the case manager to monitor progress occur at 3 months and 1 year after evaluation. The case manager does additional follow-up if needed. This person is available by request to consult with the families and professionals, who are encouraged to call ACES if further needs arise or to report on case progress.

A CONCLUDING NOTE

A multi-agency coalition to enhance the coordination of services should not be viewed as a cure-all. It is, however, an innovative approach that can be utilized successfully to maximize services and address a number of needs. ACES has shown that with dedication and perseverance large bureaucratic agencies in both public and private sectors can work together to provide a valuable service. ACES has "survived" a number of challenges and changes and continues to evolve in accordance to identified needs. For example, a fee schedule has been established for noncontributed expenses, and a 5-year follow-up screening of high risk infants has been initiated.

Armstrong (1982) has discussed the implications for school social work involvement in building multi-agency teams. Coordination and resource development have long been within the realm of school social work practice (Constable, 1982). Children with behavioral disorders or who are at risk for such identification often need more services than are possible or appropriate for the school alone to provide. Such needs offer school social workers a prime opportunity to reaffirm commitment to promoting interagency cooperation that results in more effective intervention. This may well involve creating networks and services as well as coordination of services across agencies and disciplines. This paper has described a multi-agency coalition and a form of case management, which are two examples of such creative approaches.

Knowledge of the school system, community resources and the needs of families make school social workers aptly equipped to lead interagency coordination efforts. Experience and skill in such areas as advocacy, mediation, teamwork, community organization, and accessing services provide school social workers with powerful tools to facilitate such coordination. In addition, those school social workers who are involved in successful interagency models can promote such efforts by adding documentation of their experience to the literature.

Certainly, through their liaison role, school social workers have many opportunities to interact with community resources and professionals on behalf of the school. The school social worker provides valuable linkage between educational services and an interagency evaluation and planning team. This is an essential connection because all children are in school or will eventually enter school. By serving on the team, for example, the ACES school social worker contributes expert knowledge of regular and special education services, the environmental conditions of a school, and the way a school interacts with families and the community. This knowledge helps the team to interpret information gathered from the school prior to the ACES evaluation and to frame appropriate suggestions for the school. Another vital contribution to the ACES team is the school social worker's awareness of behavior patterns, family dynamics, the effect of a child's handicapping condition or poor school adjustment on a family, and the alienation from community services that many families experience.

Interagency evaluation and coordination is a timely and challenging way for school social workers to blend their clinical, administrative, and community organizational skills. Those who meet this challenge through new and innovative models need to promote such efforts by sharing their experience with others. The literature urgently beckons documentation of successful interagency models. School social workers are key persons to provide such documentation.

ABOUT THE AUTHOR

Ronda Parks Armstrong, ACSW, is a native of Kansas and received her MSW from the University of Kansas School of Social Welfare in 1975. She has been employed as a school social worker by Heartland Education Agency since 1975 and has been assigned to Area Comprehensive Evaluation Services (ACES) since 1978. From 1982-85 she also served as Consultant for School Social Work Services for the Iowa Department of Public Instruction. In 1980-81 she was named School Social Worker of the Year by the Iowa School Social Workers' Association. She recently completed her term as Vice President of the Midwest School Social Work Council. The author was involved in the development of ACES and has served on the evaluation team during the 10 years of operation.

REFERENCES

Armstrong, R. P. (1982). Using agency coalitions to integrate services for children. Social Work in Education, 4(3), 59-68.

Baerwald, A. (1983). Case management: Defining a concept. In L. Wikler, & M. P. Keenan (Eds.), Developmental disabilities: No longer a private tragedy (pp. 219-223). Silver Spring, MD: NASW/Washington, DC: AAMD.

Baxter, J. M. (1982). Solving problems through cooperation. Exceptional Children, 48, 400-407.

Bertsche, A. V., & Horejsi, C. (1980). Coordination of client services. Social Work, 25, 94-99.

Bruner, V., & Parks, R. (1979, March). Building an integrated service delivery system: A multi-agency coalition. Paper presented at the Second Annual Symposium of the Iowa Chapter of National Association of Social Workers, Iowa City, IA.

Constable, R. T. (1982). Resource development and coordination of services. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 290-297). Homewood, IL: The Dorsey Press.

Elder, J. O., & McGrab, P. R. (Eds.). (1980). Coordinating services to handicapped children: A handbook for interagency collaboration. Baltimore: Paul H. Brookes.

Grosenick, J. K. (1981). Public school and mental health services to severely behavior disordered students. Behavioral Disorders, 6, 183-190.

Huntze, S. L. (1985). Cooperative interface of schools and other child care systems for the behaviorally disordered. Unpublished manuscript.

Johnson, H. W., McLaughlin, J. A., & Christensen, M. (1982). Interagency collaboration: Driving and restraining forces. Exceptional Children, 48, 395-399.

LaCour, J. A. (1982). Interagency agreement: A rational response to an irrational system. Exceptional Children, 49, 265-267.

Martinson, M. C. (1982). Interagency services: A new era for an old idea. Exceptional Children, 48, 389-394.

Rice, R. M. (1977). A cautionary view of allied services delivery. Social Casework, 58, 229-235.

Wickey, J. M., & Hartman, B. L. (1976). The coalition approach to improved services to children in the Baltimore region: Final report. Baltimore, MD: Models of Delivery Systems. (ERIC Documentation Reproduction Service No. ED 123 830).

MULTI-AGENCY PLANNING
FOR BEHAVIORALLY DISORDERED STUDENTS

Richard A. Rosenkrans

ABSTRACT: The author explores the rationale for multi-agency planning (MAP) meetings, which help to insure that special education students, particularly BD students, receive coordinated, quality services. The organizational structure of the MAP approach is detailed. The school social worker role on the MAP-Team is highlighted.

Multi-agency planning team (MAP-Team) meetings for students experiencing significant dysfunctioning in their school, home, and community environments were initiated in Cherokee County, Iowa, during the 1980-81 school year. Impetus for the program development came from community concern that students "in need" were not being adequately and comprehensively served. The purpose of the MAP-Team meetings was to insure that identified and at-risk students, particularly those labeled behaviorally disordered, were receiving planned coordinated attention, programming, and support from responsible local level community agencies. The anticipated results of the MAP-Team meetings were to increase the quality, decrease the quantity, and increase the effectiveness of services provided to specified children in their schools, homes, and communities.

MAP-Teams are active in cases where two or more agencies are serving a specified dysfunctional child, particularly when the student's educational or residential program or placement is changing. Although MAP-Teams serve the entire range of students from birth through 21 years of age who have identified or suspected handicapping conditions, this systems model is specifically designed to address the multiple needs of BD students in both urban and rural settings.

Behaviorally disordered students require coordinated interventions at the local school district level. This involves four primary systems: (1) student-peer, (2) family, (3) school, and (4) community services. At least 10 system related areas are addressed and coordinated by MAP-Teams in serving BD students: (1) system stabilization, (2) system communication, (3) system manipulation, (4) trust and confidence between systems, (5) continuity of planning among systems, (6) coordinated "crisis" planning by systems, (7) designation of case-specific system responsibilities, (8) appropriate utilization of each system's policies and procedures, (9) systematic review and documentation of the planning results, and (10) minimization of duplication and gaps in needed services.

METHOD

Process

The planning process utilizes existing community agencies for the purpose of (1) establishing a procedure for multi-agency decision-making, (2) planning and reviewing all placements, (3) establishing a process for needs assessment, (4) exploring resources for placement, (5) facilitating communication between agencies when case management responsibilities shift, and (6) insuring parental involvement in the determination of a child's needs.

Procedural Steps

The process involves three distinct procedural steps (see Figure 1). First, a local planning group of three or more agencies, which is called the Local Multi-Agency Child Needs Planning Team (MAP-Team), meets to plan collectively for children who require coordinated services. It is at this level that the school social worker actively functions. This local MAP-Team recommends a plan to the Regional Multi-Agency Child Placement/Foster Care Review Committee. The function of the Regional Review Committee, consisting of three or more agencies, is to review the recommended plan of the MAP-Team. This activity constitutes step two. The Area Education Agency director of special education and the district administrator of the Department of Human Service meet only when unanimous agreement on placement is not reached by the Regional Review Committee. This constitutes step three.

Local Multi-Agency Planning Team (MAP Team)

The members of the local MAP-Team include representatives from each of the following systems: Juvenile Court, Department of Human Services, Local Education Agency (principal), Area Education Agency (school social worker), family (parents, student, foster parents, and/or guardian by invitation), local law enforcement agency (county attorney by invitation), and pertinent service provider agencies. This committee composition is designed to address the level and scope of complexity that is typical of BD student case management.

Case review and planning are done by the local MAP-Team for the following types of situations in mutually served cases:

1. Potential or pending changes in educational or special education program placement;
2. Every out-of-home placement (initial or review, voluntary or court-ordered, special education or regular education);
3. All student placement changes or changes in parent residence (school district to school district);
4. Return of students to their homes or provision for a permanent home plan location;
5. Preparation for initial or subsequent hearings in Juvenile Court to develop a case plan or develop progress reports.

The chairperson, who is usually the DHS County Director/Local Administrator or designee, schedules and conducts the planning meeting. The MAP-Team meetings are conducted at least once a month with a set meeting place and day. Meetings are frequently held at the DHS office or in a local education agency board room. The child specific case representative is responsible for the collection and presentation of pertinent data, recording of needed interventions and specifying responsibilities and accountabilities. The chairperson reports results to the Regional Review Committee, including minority reports, and assumes responsibility for step two.

The role responsibilities of the school social worker in the MAP-Team include the following:

1. Informing the committee chair of student names to be placed on the agenda for discussion;
2. Providing information from AEA records to the committee, including diagnostic results, program and service recommendations and

the students' Individual Education Plan goals, objectives and progress;

3. Interpreting the AEA's policies and procedures;
4. Providing information regarding current AEA special education programming and support services for students and the results of such endeavors, especially school social work interventions;
5. Informing the AEA administration of decisions or requests made during the committee meeting that would affect the AEA;
6. Clarifying responsiblities assigned by the committee to insure continuity of planning and interventions;
7. Monitoring the results of previous committee assignments;
8. Reporting and interpreting the impact of the various agencies' services on the students' school functioning in their program and services placement;
9. Informing other committee members of significant changes in a student's status;
10. Insuring compliance with due process procedures;
11. Providing technical assistance for member agencies to advocate for a student's individual needs;
12. Assisting in the development of a comprehensive multi-agency intervention plan for each student, as well as clarifying each committee member's assigned responsibilities for implementation.

The supportive relationship between the school social worker and the DHS County Director and staff is vitally important. Positive communication, deliberate coordination, and a strong assurance of trust, cooperation and support must be extended continually to the DHS County Director by the school social worker.

Student confidentiality is of utmost concern at the local MAP-Team meeting level. Conducting team meetings, coordinating discussion, and fixing responsibility among team participants while maintaining confi-identiality can be both trying and awkward. Even more important is the practice of maintaining this confidentiality outside of team meetings. It is in this area that the greatest potential for group dysfunction exists. The majority of MAP-Teams have found that the most satisfactory solution to confidentiality is the assignment of a number to each student. All references and communications about a student use the student specific number. Only those systems and participants directly involved with the student know that student by name and number.

Regional Review Committee

The members of this committee are administrative representatives or designees from their respective systems: AEA Special Education Director, DHS District Administrator, Juvenile Court System Administrator, and the Chairperson of the Local Planning Team (MAP-Team). This weekly scheduled meeting is normally conducted in the DHS District Office or by means of a conference phone meeting.

Every planning action taken at the local level is reviewed. This review explores the more technical elements and the comprehensiveness of the plan. The results of this review are as follows: (1) endorsement of the local plan with or without minor modification, (2) return of the plan to the MAP-Team for completion or exploration of other options, (3) review and resolution of disagreements with the local planning team, (4) the forwarding of all disagreements at the regional level to the step three level.

AEA/DHS Administrative Review

This step consists of a sign-off by the AEA Director of Special Education and the DHS District Administrator certifying that the policies of each participating agency have not been compromised by the final plan. Any disagreements at the regional level are reviewed and resolved. Recommended options and decisions at this level are considered to be final.

DISCUSSION

The MAP-Team concept began in 1980 with one interested local school district, one DHS County Director and one AEA 12 school social worker. MAP-Teams are now becoming operational in all six counties in AEA 12. The support for the local MAP-Teams among members is quite positive. The 10 system related areas listed previously are coordinated and controlled effectively by the use of the MAP-Team. The continuity and stability that are essential when serving BD students is optimally provided through the local MAP-Team decision-making process. This model satisfies the due process decision-making requirements of the AEA's, LEA's, and DHS systems and provides procedural and confidentiality safeguards for the parents and students. The MAP-Team process provides effective continuity of planning on behalf of the student, efficient use of professional time, and greater confidence in the effectiveness of planned interventions.

MAP-Team members have struggled with time priorities imposed by staff and program reductions and consolidations resulting from the mid-1980s "budget crunch". Interestingly, as this has occurred, the MAP-Team meeting attendance has increased. There appear to be several reasons for this. There is more work to do with less time and staff. More complex issues must be resolved by fewer people. Higher levels of parsimony are required, and team members have growing need for meaningful mutual support. It appears that the MAP-Team model reflects a heightened state of personal concern for and professional commitment to interagency cooperation in meeting the special needs of handicapped students and their families.

ABOUT THE AUTHOR

Dick Rosenkrans received his MSW degree from the University of Nebraska in 1966. He has employment experience as a psychiatric social worker in Nebraska for the Lincoln State Hospital, Norfolk State Hospital and the Lincoln/Lancaster Child Guidance Center, as program director and family therapist for the Boys and Girls Home and Family Service, Inc. of Sioux City, Iowa, and as a school social worker and Department Supervisor for the Sioux City Community School District, Woodbury County School System, and Western Hills Area Education Agency. He is presently a school social worker for AEA-12, consultant to law enforcement agencies and child abuse exploitation prevention committees in Sioux City, and in private therapy practice with Sioux City Psychiatric Group, Inc.

AUTHOR NOTES

Full credit and appreciation is given to three magnificent school social workers for generating the MAP-Team concept and making it work so well--to Don Kehrwald for progressively conceptualizing and operationalizing the idea; to Denny Jacobson for his wonderful encouragement and support; and to Ken Dietz for his pragmatic and rational contributions, so vital to team functioning.

PLANNING AND DECISION PROCESS FOR BD STUDENTS

Decision Steps

3 AEA Director of Special Education and DHS District Administrator

2 Regional Multi-Agency Child Placement/Foster Care Review Committee

DHS

AEA

Other Local Representatives (May include parents)

JCS

Local MAP Chairperson

MHI

1 Local Multi-Agency Child Needs Planning Team (MAP-Team)

Regular Members: (Vote)	DHS JCS LEA AEA Parents
Invited Members: (No Vote)	Agency Service Providers Placement Providers Guardian Ad Litem County Attorney Law Enforcement

Figure 1. Agency Planning and Decision Making Process for BD Students

THE SCHOOL SOCIAL WORK PRACTITIONER AS RESEARCHER

James G. McCullagh

ABSTRACT: School social workers are encouraged to demonstrate their effectiveness by conducting research on practice. Resources to aid the practitioner are offered. Such scholarly accountability strengthens the profession and underscores the critical role of social workers in schools.

School social workers are an essential link between the child in the school and educators, other school personnel, the family, community, and social service agencies. A unique and necessary profession within the school setting, school social workers often are not recognized for their accomplishments and achievements. The need to educate others within and outside the school regarding essential tasks that enhance the education of many children is a necessity.

School social workers must continue to demonstrate their effectiveness and their willingness to be accountable to the schools, parents and children, and the community. Conducting research on practice, engaging in needs assessments, seeking grants, and conducting program evaluation of services can lead school social workers strongly and confidently into the 1990s. The need for research to measure practice effectiveness is a critical issue. Lela B. Costin, while Editor-in-Chief of Social Work in Education, noted in one of her editorials that school social workers "must develop ways to evaluate the different parts of their practice and show its relevance to the major tasks of teaching and learning within the schools" (Costin, 1984, p. 21).

The opportunity and support for research by practitioners has not always been provided. Though graduate social work education includes courses on social work research, initiating research on one's own in the schools is difficult, at best. School social workers very often are overburdened with an excess of cases covering many schools over a wide geographic area. Time to conduct research rarely is provided. Administrators need to accept and acknowledge research as an essential component of a school social worker's activities. School social workers are confronted with many hurdles before they even can begin the race toward the line of research accountability. Starting the race, however, is important and essential.

The practitioner-researcher concept is more than an idea, a dream, or an illusion. For example, the Iowa Department of Education recently approved a grant to lend its support and authority to promote practitioner-research activities. Grant objectives include a book of readings pertaining to school social work research, development of training modules, and workshops to train school social workers to conduct research in the schools, perform needs assessments, write grant proposals, and evaluate delivery of services and programs.

Emerging practitioner-researchers will find an increasing richness of scholarly literature to guide them. Whether novice or expert researcher, recent graduate or experienced practitioner, the eager and interested scholar-practitioner will find numerous recent school social work publications. Iowa school social workers, for example, recently completed two useful documents (Jacobsen & McCabe, 1985; Practice Manual Task Force, 1986). Recent texts on school social work by Allen-Meares, Washington, and Welsh (1986), Hancock (1982), and Winters and Easton (1983) reflect current thinking on school social work practice that is directed primarily to future school social workers but is also useful to practitioners now. The National Association of Social Workers has published numerous books, reports, proceedings of conferences, pamphlets, and bibliographies pertaining to school social work. Recent publications by Gallant (1982), Hawkins (1986), Mintzies and Hare (1985) and bibliographies by Fisher (1979, 1981) reflect the Association's continuing commitment to school social work.

Bibliographic control of the school social work literature is a never-ending task. Recently, McCullagh (in press, 1987) complied a bibliography of the Bulletin of the National Association of School Social Workers and a bibliography on doctoral dissertations pertaining to school social work. Many other bibliographies related to school social work are available.

Journals such as Social Work in Education, School Social Work Journal, and the Iowa Journal of Social Work, which specialize in school social work, are excellent resources. Numerous other journals, too many to mention, demonstrate the scholarly activity that is essential for a still young but maturing profession. These resources are indexed by such abstracts as Social Work Research & Abstracts and various online databases. Online retrieval has made the literature search a little less painful, while allowing for comprehensive coverage of one's topic.

The importance of practice evaluation and factors to consider in evaluating practice were addressed by an entire issue of Social Work in Education ("Evaluating," 1980). Strategies and models for evaluation which may be useful include articles by Costin (1985) and Welsh (1979) and the chapter, "Accountability and Evaluation of School Social Work Services", in Allen-Meares, Washington, and Welsh (1986). The excellent reader on school social work, edited by Constable and Flynn (1982), includes a section consisting of nine papers on "Research and Evaluation in School Social Work".

Practitioners may also find useful recent texts on the practice of social work research (Bloom, 1986; Bloom & Fischer, 1982; Grinnell, 1981, 1985; Jayaratne & Levy, 1979; Monette, Sullivan, & DeJong, 1986; Reid & Smith, 1981). For the measurement of client problems there are many useful sources, but the recently published training manual by Wood, Smith, and Grimes (1985) may be the most helpful. While designed for "school psychologists, special educators, and remedial educators" (p. x), the work by Swanson and Watson (1982) on assessment of exceptional children, especially chapters on "Behavioral Assessment" and "Assessment of Affective Competence", will provide a framework for understanding educational and psychological assessment and further facilitate communication with the special education team.

The text by Bloom and Fischer (1982) is also recommended. They devote nine chapters to the measurement of client/system problems. The Handbook of Clinical Social Work by Rosenblatt and Waldfogel (1983), a comprehensive reader, has an excellent section on "New Applications of Research in Clinical Practice." The resources for the researcher-practitioner are many, though few have been mentioned in this brief overview.

While practitioners will review school social work and related practice literature pertaining to interest area and research emphases, the literature on behavioral disorders should also be considered. The literature, primarily written by professionals in other disciplines, is extensive. Just a few resources will be mentioned to orient the reader.

Recent texts on behavioral disorders include, for example, works by Algozzine, Schmid, and Mercer (1981), Brown, McDowell, and Smith (1981), Coleman (1986), Cullinan, Epstein, and Lloyd (1983), Kauffman (1981), and Safer (1982). The Council for Children with Behavioral Disorders of the Council for Exceptional Children (CEC) publishes the quarterly journal Behavioral Disorders and a monograph annually, since 1978, on Severe Behavior Disorders of Children and Youth. CEC also publishes other journals and documents pertaining to behavioral disorders.

Numerous other documents addressing various aspects of behavioral disorders have been disseminated by the following: Project Iowa, Department of Public Instruction; the Midwest Regional Resource Center, Drake University in Des Moines; and the National Needs Analysis in Behavior Disorders Project, Department of Special Education, University of Missouri-Columbia. While these documents are primarily intended for teachers and administrators, practitioners should be aware of the numerous resources available on behavioral disorders to use as appropriate.

By measuring the efficacy of practice, whether with individual students, groups of students, parent education, or liaison work with numerous other social service agencies, school social workers demonstrate what works and what does not work. This handbook is a statement by many practitioners about what works in the schools. We must and can do more to document clearly and continuously that school social workers do make a difference.

ABOUT THE AUTHOR

James G. McCullagh, Ed.D., ACSW, LSW, is an associate professor at the University of Northern Iowa, Cedar Falls. He practiced school social work in Illinois from 1972-77, served as a Consulting Editor for Social Work in Education, and was a member of the Iowa State Foster Care Review Board from 1984-87. He currently serves on the editorial board of the Iowa Journal of School Social Work. He has published numerous articles on various aspects of school social work.

REFERENCES

Algozzine, R., Schmid, R., & Mercer, C. D. (1981). Childhood behavior disorders: Applied research and educational practice. Rockville, MD: Aspen Systems.

Allen-Meares, P., Washington, R. O., & Welsh, B. L. (1986). Social work services in schools. Englewood Cliffs, NJ: Prentice-Hall.

Bloom, M. (1986). The experience of research. New York: Macmillan.

Bloom, M., & Fischer, J. (1982). Evaluating practice: Guidelines for the accountable professional. Englewood Cliffs, NJ: Prentice-Hall.

Brown, G., McDowell, R. L., & Smith, J. (Eds.). (1981). Educating adolescents with behavior disorders. Columbus, OH: Merrill.

Coleman, M.C. (1986). Behavior disorders: Theory and practice. Englewood Cliffs, NJ: Prentice-Hall.

Constable, R. T., & Flynn, J. P. (Eds.). (1982). School social work: Practice and research perspectives. Homewood, IL: Dorsey.

Costin, L. B. (1985). Evaluating practice. Social Work in Education, 7, 66-67.

Costin, L. B. (1984). Progress and challenge. Social Work in Education, 6, 218-219.

Cullinan, D., Epstein, M. H., & Lloyd, J. W. (1983). Behavior disorders of children and adolescents. Englewood Cliffs, NJ: Prentice-Hall.

Evaluating practice. (1980). [Special issue]. Social Work in Education, 2(3).

Fisher, R. A. (1979). School social work in the literature: A bibliography. Washington, DC: National Association of Social Workers.

Fisher, R. A. (1981). A 1981 supplement and update school social work in the literature: A bibliography. Silver Spring, MD: National Association of Social Workers.

Gallant, C. B. (1982). Mediation in special education disputes. Silver Spring, MD: National Association of Social Workers.

Grinnell, R. M., Jr. (Ed.). (1981). Social work research and evaluation. Itasca, IL: F. E. Peacock.

Grinnell, R. M., Jr. (Ed.). (1985). Social work research and evaluation (2nd ed.). Itasca, IL: F. E. Peacock.

Hancock, B. L. (1982). School social work. Englewood Cliffs, NJ: Prentice-Hall.

Hawkins, M. T. (Ed.). (1986). Achieving educational excellence for children at risk. Silver Spring, MD: National Association of Social Workers.

Jacobsen, B., & McCabe, L. (1985). Project repertoire: A resource guide to school social workers working with behaviorally disabled students. Des Moines, IA: Department of Public Instruction.

Jayaratne, S., & Levy, R. L. (1979). Empirical clinical practice. New York: Columbia University Press.

Kauffman, J. M. (1981). Characteristics of children's behavior disorders (2nd ed.). Columbus, OH: Merrill.

McCullagh, J. G. (in press). The Bulletin of the National Association of School Social Workers: A bibliography. Iowa School Social Work Journal.

McCullagh, J. G. (1987). School social work: A bibliography of doctoral dissertations. Manuscript submitted for publication.

Mintzies, P., & Hare, I. (1985). The human factor: A key to excellence in education. Silver Spring, MD: National Association of Social Workers.

Monette, D. R., Sullivan, T. J., & DeJong, C. R. (1986). Applied social research: Tool for the human services. New York: Holt, Rinehart and Winston.

Practice Manual Task Force. (1986). Social work in Iowa Schools: A guide to practice. Des Moines, IA: Department of Public Instruction.

Reid, W. J., & Smith, A. D. (1981). Research in social work. New York: Columbia University Press.

Rosenblatt, A., & Waldfogel, D. (Eds.). (1983). Handbook of clinical social work. San Francisco: Josey-Bass.

Safer, D. J. (1982). School programs for disruptive adolescents. Baltimore: University Park Press.

Swanson, H. L., & Watson, B. L. (1982). Educational and psychological assessment of exceptional children. St. Louis: Mosby.

Welsh, B. L. (1979). An interdisciplinary systems approach to accountability. Social Work in Education, 1(4), 44-54.

Winters, W. G., & Easton, F. (1983). The practice of social work in schools. New York: The Free Press.

Wood, F. H., Smith, C. R., & Grimes, J. (Eds.). (1985). The Iowa assessment model in behavioral disorders: A training manual. Des Moines, IA: Department of Public Instruction.

PRACTITIONER INTERVENTIONS AT THE NATIONAL LEVEL

Isadora Hare

ABSTRACT: School social workers serving BD students also have the responsibility of influencing national policies that affect their clients. This paper describes various methods of intervention to bring about systems change at the national level and gives examples of how practitioners have done this successfully in the recent past. The role of professional associations is described.

What happens in Washington, D.C. may seem very remote to school social work practitioners serving special education students in Iowa. Decisions made on Capitol Hill, however, affect social work interventions in the classroom and homes of students as directly as the actions of supervisors, principals, and superintendents at the local level. As school social workers conceptualize their practice, they need to take the broad view. Social workers must define the system within which they work and should include individuals, organizations and entities at the national level, as well as those at the local level with whom they interact more directly and frequently. The responsibility for systems intervention at the national level will be delegated at times to others, for example, to the leadership or staff of the National Association of Social Workers. At other times, however, direct intervention from the local to the national level is essential. At all times the closest of communication is necessary among practitioners at the local level, state associations of school social workers, and the NASW national office.

BACKGROUND

The profession of social work had its origins in two types of activity. Firstly, from the settlement house movement beginning in the late nineteenth century came social reform as exemplified by activists such as Jane Addams, Edith Abbot, and Florence Kelly. Secondly, the development of "scientific philanthropy", which began in the Charity Organization Societies, gained impetus from the writings of Mary Richmond and reached full strength with the impact of psychoanalytic theory. For many years tension existed between these two streams, a "struggle for primacy between individual intervention and social change to improve the quality of life" (Alexander, 1982, p. 15).

Initially, social workers tended to focus their attention on the techniques of helping individuals and resisted political and legislative involvement. Gradually, however, community organization began to evolve as a method of practice, while the challenges of the 1960s--Kennedy's New Frontier, Lyndon Johnson's Great Society programs and the civil rights movement--encouraged many social workers to recognize the importance of political activities. Battles raged between the supporters of clinical practice and the enthusiastic proponents of social policy and action, with both sides "claiming to identify and own the exclusive functions of the social workers" (Alexander, 1982, pp. 20-21). The 1970s brought more sophisticated conceptualizations. It was acknowledged that by helping individuals, groups and communities with their psychosocial functioning, social work's central responsibility lay in improving the interaction between people and their social units or societal institutions.

Social workers have the dual responsibility to aid in mobilizing both the inner capacities of individuals and families and the external resources available in society. As Alexander (1982) states: "This conception moves the profession away from the narrow polarization between clinical services and policy making and toward the unit of social work practice that draws on knowledge of both personal and social factors to assist in change" (pp 22-23). The inclusion of social factors leads automatically to (1) the recognition of social policy as a force in practice and (2) the importance of the policy makers who formulate the rules and regulations that constitute social policy.

METHODS OF INTERVENTION

How can practitioners intervene at the national level to influence the policies that determine the conditions of practice? Seven strategies applicable to school social workers and state associations are proposed. While few social workers will run for political office, all can be informed and involved.

Getting Information

The first prerequisite is to keep informed of developments at the national level. In states like Iowa, which have both a state association of school social workers and a chapter of the National Association of Social Workers (NASW), practitioners enjoy advantages by joining both organizations. The state association has a concentrated focus on education and school social work issues at all levels of government--local, state and national--while NASW can lend the full weight, authority and resources of the total social work profession to an issue. NASW publishes twice yearly The School Social Work Information Bulletin, which contains news of national developments in education and social work practice in schools. It is available free-of-charge to any person requesting it. The monthly NASW News mailed automatically to all NASW members also regularly contains news relevant to school social workers. Membership in educators' organizations such as the National Education Association, American Federation of Teachers and Council for Exceptional Children is also advisable.

Maintaining Information Flow

Responding to requests for information from these national organizations and initiating information-flow to them are crucial. An association is often more powerful than an individual, because it represents greater numbers and may have greater expertise in political and legislative strategies (McCullagh, 1985). Associations functioning at the national level, however, frequently are far removed from front-line practice issues. To remain relevant they must constantly communicate back and forth with those engaged in direct practice. Writers such as Hamilton (1952), Beck (1959), Specht (1968), Briar and Briar (1982), and Patti (1983) have documented the contributions that practitioners can make to policy formulation.

Practitioners often act as "an early warning system" detecting the emergence of new social problems before they come to the attention of planners and administrators. As Patti stated in 1983, "Frontline workers are also likely to be among the first to know whether a new policy is being implemented as intended and whether it is working" (p. 103). When national staff at NASW are engaged in an advocacy initiative in Washington, D.C., they rely on practitioners to provide relevant information.

At the present time (1986) a federally-funded national survey mandated by Congress is underway to determine the cost of educating handicapped children by individual category of handicapping condition. Behaviorally disordered students are included in the survey, which will measure the cost of special education and related services, including school social work. Iowa is one of the 18 states selected to participate as part of the nationally-representative sample. NASW has been working closely with the consulting firm awarded the contract to conduct the study in order to ensure that school social work is accurately and adequately reflected in the results. To do this effectively, NASW has been dependent on school social workers in Iowa and other states to supply information on conditions and patterns of practice in the schools. It is vital that we assist the researchers in ensuring the validity of this study, because the survey results will undoubtedly be used in the future (1987 and beyond) to contribute to national policy decisions about related services.

As the Special Education Programs division in the U.S. Department of Education (1985) stated in its report to Congress on the implementation of the Education of the Handicapped Act,

> The related services component...has proved one of the most troublesome to implement effectively in the provision of services to handicapped children and youth.... Strategies effective in the provision of related services at both the State and local levels...include interagency cooperation within States, joint funding for services, development of new programs for special populations, pooling resources, and obtaining services without charge from other human service agencies. (p. xix)

Writing Letters

Writing letters to legislators is a most important method of systems change at the national level. There is no more effective lobbyist than the legislator's own constituent. Practitioners should know the number of their congressional district and the names of their U.S. Senators and Representatives. Those who are particularly interested in legislative action should then identify themselves to their professional organizations. Ideally, NASW would like to maintain a network of school social workers in each congressional district so that staff can request members to target specific congressional persons on particular issues at specific times.

It is particularly important to have social workers identified in the districts of members of the House Sub-Committees on Select Education (which deals with the education of handicapped students) and Elementary, Secondary and Vocational Education. At present, two congressmen from Michigan, Mr. Ford and Mr. Kildee, serve on the latter committee. Social workers in Michigan have written to them at various times urging the inclusion of school social work services in education bills. In June, 1986, Mr. Kildee proposed that reference to social workers be included in the report issued by the House Education and Labor Committee to elaborate its intentions relating to the Youth Suicide Prevention Act, which passed the House of Representatives in July, 1986.

Testifying

School social workers may be asked to represent the profession by testifying at hearings or by serving on advisory committees at the national level. Sharwell (1982) has described what social workers need to know and do in testifying before legislative committees. It is important to demonstrate competence and convey integrity. Providing a written statement in a prescribed form, as well as presenting oral testimony, furthers one's cause. As Sharwell states: "The real key to effective legislative advocacy is preparation" (p. 97). In 1982, when the Reagan administration sought to deregulate P.L. 94-142 and proposed to eliminate reference to social work services in schools from the regulations, social workers testified in the hearings held around the country, and the Administration's proposals were defeated. School social work has retained its legitimacy nationally through this effort, and behaviorally disordered pupils therefore can continue to benefit from the services of school social workers in Iowa and elsewhere.

In February, 1985, the U. S. Department of Education released a report mandated by Congress in the Education of the Handicapped Amendments of 1983, P.L. 98-199. This report examined the implications of altering the terminology currently used in P.L. 94-142 from "seriously emotionally disturbed" to the term "behaviorally disordered", which is already in use in Iowa (Tallmadge, Gamel, Hunson, & Hanley, 1985). The researchers conducting this study had the benefit of an Advisory Committee. Representing NASW and the social work profession on this Committee was Barbara Adolfi Morse, a school social worker in a school for emotionally disturbed students in Fairfax County, Virginia. Based on its own research, NASW expressed the view that this change in terminology should not be made. Forty-nine social workers were surveyed (including some from Iowa). Sixty-four percent of these opposed the change, while the remainder supported it. The results of the National

Study led to the conclusion that "there is no compelling reason to change the current Federal terminology or definition" (p. 116) but also reinforced the virtues of state autonomy regarding eligibility for services.

Lobbying

Lobbying in person is another strategy for systems change. At the Second NASW National Conference on School Social Work held in Washington, D.C. in 1981, over 700 school social workers from across the country visited their senators and representatives on Capitol Hill after receiving training in lobbying techniques. As Maryann Mahaffey wrote in 1982, "Lobbying demands that social workers use to the fullest their diagnostic and organizational skills.... To achieve change, the lobbyist must have the experience, skills, and knowledge to be authoritative in providing lawmakers with the information they need" (p. 84). While the profession is developing a cadre of specialist lobbyists, frontline practitioners also have a valuable role in lobbying their own representatives and should do so as the need arises.

Building Coalitions

Building coalitions with special educators and other related service providers such as school psychologists, speech and language pathologists, guidance counselors, and school nurses adds strength to efforts to influence policy. In Washington, D.C. the National Alliance of Pupil Services Organizations (NAPSO) has met monthly since 1979 with representatives from about 19 organizations. NAPSO representatives have testified on many occasions on issues relevant to school social work practice with handicapped students. In New York and Wisconsin similar organizations exist at the state level. School social workers in Iowa might examine the possibilities of establishing a similar alliance in their state. There is strength in working together with other professionals who share concern for the education and development of behaviorally disordered students. As Wilbur J. Cohen, former undersecretary of the U. S. Department of Health, Education, and Welfare, wrote in 1966,

> Practically no piece of important legislation adopted by the United States Congress has been achieved because one single group, all by itself, unaided by anyone else, has been trying to get it passed through Congress. This is no longer feasible. American society is now so complex, so diffuse, so decentralized, so pluralistic that it is no longer possible. (p. 7)

Running for Office

The ultimate method of effecting systems change at the national level is to run for office. In the book edited by Maryann Mahaffey (formerly president of NASW and now a member of the Detroit City Council) and John Hanks (1982), social workers can learn some of the techniques of political power-seeking. Three social workers are currently members of Congress: Ronald V. Dellums from California, Barbara Mikulski of Maryland, and Edolphus Towns of New York. School social workers from Iowa with a strong interest in social policy should consider direct participation in politics with a view to running for office.

DISCUSSION

A clear link exists between decisions at the national level and social work practice in local school districts. School social workers have already proved their effectiveness in affecting these decisions. Although social work services were not mentioned in the P.L. 94-142 statute itself, they are identified in the regulations published in 1977. Paula Meares, writing in 1977, stated that this identification was due to the continued efforts of the NASW staff, to the responsiveness of federal officials drafting the regulations, but "most importantly, to the responsiveness and articulate verbal and written documentation by school social workers themselves of the services they are currently providing to handicapped children and their families" (p. 81). School social workers must continue to follow this example in the future. Systems change at the national level must be a part of professional practice with handicapped students. As Briar and Briar (1982) state:

> Direct service practitioners are in a position to be the eyes and ears of policy makers, whose decisions typically are made in places remote from their impact.... It is time to develop formal and informal mechanisms for introducing into the policy development process the invaluable information about policy impacts and deficits that comes to social workers in the course of their daily practice. (p. 54)

ABOUT THE AUTHOR

Isadora Hare, ACSW, is currently Staff Director of the Commission on Education at the national office of the National Association of Social Workers in Maryland. She is responsible for School social work practice advancement issues and education policy analysis. She was on the faculty of the School of Social Work at the University of Witwatersrand, Johannesburg, South Africa, from 1966 to 1974. After immigrating to the United States, she worked as a school social worker in Fairfax County.

REFERENCES

Alexander, C. A. (1982). Professional social workers and political responsibility. In M. Mahaffey & J. W. Hanks (Eds.), Practical politics (pp. 15-31). Silver Spring, MD: National Association of Social Workers.

Beck, B. M. (1959). Shaping America's social welfare policy. In A. J. Kahn (Ed.). Issues in American social work (pp. 191-218). New York: Columbia University Press.

Briar, K. H., & Briar, S. (1982). Clinical social work and public policies. In M. Mahaffey & J. W. Hanks (Eds.), Practical politics (pp. 45-54). Silver Spring, MD: National Association of Social Workers.

Cohen, W. J. (1966). What every social worker should know about political action. Social Work, 11(7), 3-11.

Hamilton, G. (1952). The role of social casework in social policy. Social Casework, 33, 315-324.

Haynes, K. S., & Mickelson, J. S. (1986). Affecting change: Social workers in the political arena. New York: Longman.

Mahaffey, M. (1982). Lobbying and social work. In M. Mahaffey & J. W. Hanks (Eds.), Practical politics (pp. 69-84). Silver Spring, MD: National Association of Social Workers.

Mahaffey, M., & Hanks, J. W. (Eds.). (1982). Practical politics. Silver Spring, MD: National Association of Social Workers.

McCullagh, J. G. (1985). School social work issues: An analysis of professional association actions. Social Work in Education, 7, 192-203.

Meares, P. (1977). Integrating systems intervention and treatment approaches in work with handicapped children and their families. In R. J. Anderson, M. Freeman, & R. L. Edwards (Eds.), School social work and PL 94-142: The Education for All Handicapped Children Act (pp. 81-90). Washington, DC: National Association of Social Workers.

National Association of Social Workers. (1983). Lobbying for social programs: NASW 1983 legislative agenda. Washington, DC: Author.

National Association of Social Workers. (1982, December). School Social Work Information Bulletin.

Patti, R. J. (1983). Political action. In 1983-84 supplement to the encyclopedia of social work (17th ed). (pp. 96-105). Silver Spring, MD: National Association of Social Workers.

Schorr, A. L. (1985). Professional practice as policy. Social Service Review, 59, 178-196.

Sharwell, G. R. (1982). How to testify before a legislative committee. In M. Mahaffey & J. W. Hanks (Eds.), Practical politics (pp. 85-98). Silver Spring, MD: National Association of Social Workers.

Specht, H. (1968). Casework practice and social policy formulation. Social Work, 13, 42-53.

Tallmadge, G. K., Gamel, N. N., Munson, R. G., & Hanley, T. V. (1985). Special study on terminology: Comprehensive review and evaluation report (Contract No. 300-84-0144). Mountain View, CA: SRA Technologies.

U.S. Department of Education (1985). Seventh annual report to Congress on the implementation of the Education of the Handicapped Act. Washington, DC: U. S. Government Printing Office.

REVITALIZING SCHOOL SOCIAL WORK:

CONSERVING ENERGY AND EXPANDING SERVICES

TO CHILDREN WITH BEHAVIORAL DISORDERS

Barbara E. Jacobsen

ABSTRACT: School social workers need to remain effective and accountable. They also need to remain sane. Current practices, encouraged by tradition, consumer expectation, and the practitioner's own narrow view of practice in the schools, are taking their toll on the worker and the profession. Rather than do more of the same at a more feverish pace, it is time we evaluate ourselves and work together with educators as catalysts for change.

Iowa school social workers, along with other Area Education Agency personnel, have focused much of their time and effort for the past 10 years on turning The Education for All Handicapped Children Act (P.L. 94-142) into a workable set of policies, procedures, definitions and guidelines. We have worked to delineate our role, earn the trust of educators and win recognition and appreciation for our services. As a result of our efforts we have become an integral part of the support services offered to local school districts for handicapped students. Having achieved many of our original goals, we now must take time to reassess the impact of these policies and procedures and to rethink our current roles.

Many school social workers are struggling with how best to do their jobs, deal successfully with time and organizational constraints, and yet remain responsive to students, families and school personnel. Our role may be most relevant to those educationally handicapped students who are behaviorally disordered. These children, more than any others, confuse their families, schools and communities. Their problems are less easily diagnosed and ameliorated (Rezmierski & Rubinstein, 1982). Behaviorally disordered children challenge the limitations of our current roles and procedures and help to clarify why we are struggling.

THE DILEMMA OF OUR CURRENT ROLE

School social workers have earned a role in education as child-focused interventionists. Current literature suggests that our role is changing, moving away from the predominantly clinical casework approach found in Costin's (1978) study of school social work tasks in the late 1960s, to broader, more indirect services such as home-school-community liaison and educational counseling (Meares, 1977). A more recent study in Toronto, Canada, although geographically limited, has found that school social workers there have broadened their role to include advocacy and systems change (Lambert & Mullaly, 1982). Others (Barbaro, 1980; McCullagh, 1982) strongly caution us that in this age of shrinking educational dollars, our efforts should encompass community involvement and work with state associations and political systems. School social workers who stretch themselves to cover the range of services suggested, from counseling to community and political work, risk becoming diffused in their efforts and personally exhausted. Others choosing a narrower focus, for example, the child or the family, may feel frustrated at their inability to have greater impact and influence in remediating children's problems.

Although the literature suggests that our role is in transition, our current procedures--referral forms, child study teams, and IEP's--tend to keep us locked into a mind set that is child-focused. As referral rates rise and teams proliferate, we become mired in the demand for assessment and intervention with individual children. In our frustration, we may exert pressure on our organizations to react and to protect us. Organizational responses usually take the form of limiting the number of children served, narrowing our focus, or setting priorities for service. In other words, we pull back. These responses, in the long run, may undermine our hard earned relationships with local districts who do not have the option of who or how many behavior problem children to serve. Current economic conditions with fewer educational and human services dollars highlight this problem. Our personal dissonance increases as we feel increasingly "out of sync" with the needs of our local school districts and the children in those districts. Undoubtedly our efforts are helping handicapped children, but our social work "road show" is playing to limited audiences. Even for the behaviorally disordered children currently identified and being served, our impact is restricted.

ISSUES INVOLVING BD STUDENTS

"Since the passage of Public Law 94-142 there has been a growing concern by professionals...regarding the staggering numbers of children with behavior problems who are unserved and/or inappropriately served" (Grosenick, 1981, p. 183). Kauffman (1984), for example, states that many of the children we serve are arguably emotionally disturbed. In a Minnesota longitudinal study (Rubin & Balow, 1978) teachers were asked to rate the behavior of 1586 children as they progressed through Grade 6. Among those students receiving three or more annual ratings, 59% were considered by at least one teacher and 7.4% were rated by every teacher who taught them as having behavior problems. In this particular study no attempt was made to define for teachers the term "behavior problems"--teachers were to use their own judgement. Given these figures and the fact that it takes only one teacher's perception to generate a referral or a child study team meeting, the task before us seems enormous if we continue with a child-focused approach. Even the more conservative estimate of 7.4% is approximately seven times higher than the number of children currently identified as behaviorally disordered and receiving services in Iowa.

Historically, many children with behavior problems have been excluded from school through continuous suspensions or expulsions, or they have been served in institutional settings. Rezmierski and Rubinstein (1982) point out that schools have accommodated BD children as long as they remain separate from the mainstream of education. Perhaps because of this history of exclusion or clinical intervention provided by others, teachers often express the feeling that these children's needs are beyond their expertise. Funding constraints and other factors often prevent children with mild or moderate behavior problems from receiving special education services.

Public schools now play a major role in providing services to severely behaviorally disordered students (Grosenick, 1981). Public Law 94-142, in its assurance that no child will be excluded from a free and appropriate education, has created some needed educational alternatives for BD children. It has also created controversy. What we label students, who we label, the nature of their education, and their exclusion from the educational mainstream are issues that continue to demand our time and energy (Rezmierski & Rubinstein, 1982).

Trippe and Mathney (1982), critics of labeling and excluding children from the mainstream of education, view the problem as the failure of school systems to provide alternatives that broaden the concept of "who and what is normal". The ecological concept (Germain, 1982) stresses the "goodness of fit" between the child and the environment. Too often the responsibility is mistakenly placed on the child when it is the class-room or eco-system that is disturbed.

Rezmierski and Rubinstein (1982) indicate that many believe that the original intent of P.L. 94-142 has become "lost or hopelessly obscured". They believe that our energies have been devoted to identifying and excluding children, dealing with reactions to the law and providing layer upon layer of clarifications rather than developing educational processes to benefit these children. Often social workers and other AEA personnel close to these processes fail to recognize that the processes have taken on a life of their own, sometimes diverting us from the needs of children.

RECOMMENDATIONS FOR CHANGE

School social workers who focus solely on servicing individual children may be ignoring or perpetuating those children's problems by leaving dysfunctional aspects of school organizational life untouched (Brown, 1982). This could also be said of dysfunctional community systems, public policies and legislation as well. Even though we are trained to look at the person-in-the-situation configuration, we inevitably start with the person (Brown, 1982; Germain, 1982). With the child as our focal point in a systems analysis, our view is restricted. In many situations, a more holistic view is achieved when the school becomes the focus of our attention. Johnny's truancies and alienation from school may be due more to the system's response to him or his response to the specific system rather than anything being inherently wrong with him. Yet our efforts are often directed at structuring his behavior to accommodate the system or looking for alternative placements for him outside of the system. "Organizational and systems change can result in benefits to a larger number of students than efforts directed toward individual or family change" (Brown, 1982, p. 285).

The transition from a child-oriented approach to a school- or school district-centered approach can be accomplished to a large degree by a shift in the worker's orientation. Without expending energy to first change current procedures or policies in our agencies or to study organizational theory, we can begin to identify systemic problems. Much like we would work to help a child or family, we can work in small incremental steps to bring about change. This focus on the school or school district enhances our visibility and eases our transition into larger systems--the community and state associations. This shift, however, will entail further changes in our role, making it necessary for us to embrace functions previously viewed by school social workers as having lesser importance--leadership, planning and policy making (Lambert & Mullaly, 1982).

Some specific suggestions for making this change are as follows:

1. Become better informed about our schools and communities. Know the inputs of the school and community systems. Develop a systematic, detailed written analysis (Wassenich, 1972), including such particulars as teachers' names, courses taught, preparation periods, hobbies and interests, PTA projects, school board members, and school committees. Community information should acknowledge informal as well as formal resources, such as natural helpers and sources of funds. Such knowledge can be added to, passed on and updated. It increases the options available in problem-solving and promotes efficiency.
2. Screen referrals and note the types of referrals that the school tends to make and the school's typical responses. Does the school's reaction alleviate or exacerbate the problem? What kinds of problems do families in this district experience? Are they low-income families who are trying to meet basic survival needs or highly mobile, high-income, corporate families? Is there a substance abuse problem or a high number of children on Ritilin? In conjunction with school personnel and community agencies, act as a catalyst and provide leadership in planning programs to meet these needs.
3. Work in broader systems but link this work to the school. Move beyond the liaison function and create opportunities for the community, family and school systems to mingle and know one another. Some examples are community staffings, joint inser-

vices, and youth coalitions to inform and improve services to children. Host community board meetings in the school and invite interested school personnel. Work in political systems and activities together with educators. Remain visible to educators--make them aware of our efforts.

4. Provide services for teachers to assist them in recognizing common reactions to BD children and how to avoid these traps (Rezmierski & Rubinstein, 1982). Do the same for parents. Solve generically such problems as power struggles, fighting and lying. Try to move into a role of primary prevention, that is, understanding developmental delays rather than dealing with children's symptoms and system reactions. Use these inservices to develop group support and promote expertise among parents and teachers. Refer parents to parents and teachers to teachers for ongoing assistance and support.
5. Know the system's larger goals and learn how we might fit in. Attend board meetings or at least read the minutes. Invite board members to our activities. By working more closely with administrators, we can provide input regarding policies and procedures impacting BD and behavior problem children.
6. Together with educators research the needs of BD children. Use this research data to examine such things as classroom atmosphere and structure, curriculum, and teaching styles. These may be restructured to reduce the number of problems occurring in classrooms. Use data to establish the need for new services, additional resources, and alternative approaches (Weatherley, 1982).

7. Enter the world of curriculum and writing and use it to our advantage. Write curriculum pertaining to certain problems. The chances of teacher follow-through may be greatly improved as a result. Write newsletters and pamphlets to keep parents and teachers informed.
8. Learn new means of being accountable that places less emphasis on the number of children served. Document all services, indirect as well as direct, to remain accountable to our schools and agencies. Work to change funding constraints that tend to perpetuate a child-oriented approach.

DISCUSSION

School social workers currently spend much of their time in homes, cars, schools, their own and other agencies, serving on community boards and involved in state associations to serve children. We often lack a sense of focus because of the sheer number of places to go and people to see. By using a particular school, school district or school population as our focus or the hub of our activity, we conserve our own energy and we can avoid many of the problems inherent in using just a child-focused approach. We must help school personnel and families become more comfortable with their own abilities to work with behavior problem children. By doing so we increase the educational opportunities to mainstream children who are labeled BD, and we can indirectly serve children with mild to moderate behavior problems as well. We need to look for opportunities to function as facilitators, catalysts, and information brokers for systemic and organizational change. These changes allow us to have greater visibility and enhance our chances to work collaboratively with educators and community resources in serving BD children.

ABOUT THE AUTHOR

Barb Jacobsen has been a Grant Wood Area Education Agency School Social Worker for the past 11 years and has worked previously for the Illinois Cooperative Extension Service, in a mental health facility, and in a low-income neighborhood housing project. She is actively involved in the Youth Services Coalition of Linn County, Co-Chair of the Planning and Zoning Commission in Mt. Vernon, and is a member of a steering committee involved in setting up a family life education program in the Linn Mar School District.

REFERENCES

Barbaro, F. (1980). School social work: The politics of professional survival. Social Work in Education, 3(1), 5-17.

Brown, J. A. (1982). The school as an organization: An approach to problem solving in the school setting. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 282-290). Homewood, IL: Dorsey Press.

Costin, L. B. (1978). Social work services in schools: Historical perspectives and current directions. Washington, DC: National Association of Social Workers.

Germain, C. B. (1982). An ecological perspective on social work in the schools. In R. T. Constable & J. P. Flynn (Eds.), School social work; Practice and research perspectives (pp. 3-12). Homewood, IL: Dorsey Press.

Grosenick, J. K. (1981). Public school and mental health services to severely behavior disordered students. Behavioral Disorders, 6, 183-190.

Kauffman, J. M. (1984). Saving children in the age of big brother: Moral and ethical issues in the identification of deviance. Behavioral Disorders, 10, 60-70.

Lambert, C., & Mullaly R. (1982). School social work: The congruence of task importance and level of effort. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 72-84). Homewood, IL: Dorsey Press.

McCullagh, J. G. (1982). Survival strategies for school social workers. Social Work in Education, 4(3), 5-15.

Meares, P. A. (1977). Analysis of tasks in school social work. Social Work, 22, 196-201.

Rezmierski, V. E., & Rubinstein, M. F. (1982). To punish or to heal: the issues and dynamics of educating emotionally disturbed children. In C. R. Smith & B. J. Wilcots (Eds.), Current issues in behavioral disorders (pp. 21-36). Des Moines, IA: Department of Public Instruction.

Rubin, R. A., & Balow, B. (1978). Prevalence of teacher identified behavior problems: A longitudinal study. Exceptional Children, 45, 102-111.

Trippe, M., & Mathney, J. (1982). Mental, emotional and learning disabilities: School induced handicaps. In C. R. Smith & B. J. Wilcots (Eds.), Current issues in behavioral disorders (pp. 1-11). Des Moines, IA: Department of Public Instruction.

Wassenich, L. P. (1972). Systems analysis applied to school social work. In R. C. Sarri & F. F. Maple (Eds.), The school in the community (pp. 196-210). Washington, DC: National Association of Social Workers.

Weatherley, R. (1982). Practical approaches to conducting and using research in the schools. In R. T. Constable & J. P. Flynn (Eds.), School social work: Practice and research perspectives (pp. 331-341). Homewood, IL: Dorsey Press.

SCHOOL SOCIAL WORK SERVICES:
A LOOK TOWARD THE FUTURE

I. Lorraine Davis

ABSTRACT: This summary paper emphasizes the urgent need to employ the systems framework to guide interventions in the schools. The BD student is viewed as having problems within an eco-system that also is dysfunctional. Consequently, both the student and the ecology are targeted for intervention at various points of entry. The need for realistic prioritizing is stressed. Goals of service delivery and strategies for the 1990s are outlined. Creative use of resources and positive alliances within the ecology are seen as means to reduce oppression, victimization and suffering within society and to involve the individual in self-determining decision-making processes.

It is very clear from the tone of the preceding papers that the stage for 1990 is set, bringing with it a comprehensive approach to the delivery of social work services to behaviorally disordered children. Many voices, both of school social work practitioners and of social work educators, have been urging us to approach our practice from a systems point of view. Costin (1975), Weatherley (1978), Pincus and Minahan (1973), Radin (1975), Heus (1975) and a host of others have been involved in developing and demonstrating how to implement the systems approach in school social work.

SOCIAL WORK IN SCHOOLS: THE EMERGENCE OF A SYSTEMS APPROACH

From the 1950s and into the late 1960s, we worked as "specialists", being called upon only in extreme situations. In 1969, the winds of change began. Spitzer and Welsh (1969) were on the cutting edge of this movement as reflected by the following:

> The rapid, dynamic changes in social problems occurring in our complex society require that the social worker also adopt a new stance. It should be a problem-focused stance that will provide the worker with (1) the means for evaluating a given problem and its impact at various levels of society, all the way from the individual to the community level; (2) guidelines to determine the level at which it is feasible to intervene; (3) a wide range of intervention procedures that will be needed for problem prevention, resolution, or amelioration; and (4) the ability to evaluate objectively the effectiveness of his interventions in order to determine the direction of the next steps in the process and the new tasks he may need to undertake (p. 324).

Meares (1981) subsequently found that "there are strong suggestions that the current role of social workers practicing in the public schools is in a period of transition from a predominantly clinical focus to that of home-school-community liaison" (p. 43). This viewpoint also embodies the systems or holistic approach.

THE SYSTEMS APPROACH - WHAT IS IT?

The traditional/clinical social worker typically sees the school as a benign system. In the words of Heus (1975), "The kids 'own' the problems" (p. 2). This places the focus on individual work with students who are having difficulties--helping them to change and adapt in order to cope with the system. The problem-focused generalist approach to school social work operates on the basis that indeed the student does not own the entire problem, but that various situations within the system precipitated by interactions or lack of interactions (home, family, school, community, peers, teachers, parents, etc.) impinge upon the student to set up difficult situations or crises for the student. There is less emphasis on the etiology of the problem and more focus on the ecology of the situation in which the student is immersed.

In the systems model the activities of the school social worker are concentrated on "the problem" (problem-focused) and activities are centered in the eco-system, not on changing the individual to fit into the system. Exploration and assessment take place around a "situation of concern" and all the interrelated problems connected with it. Rather than assume that altering the child's behavior is the solution, adherents of the systems approach look at a variety of intervention points and determine what is the most appropriate point of intervention based on the established priority. The priority is the problem that demands the most critical need for change at this time. Within each problem there are forces for change (motivators) and forces against change (resistances). It follows that some problems are more accessible and change for some target areas is more feasible (Heus, 1975). The other difference in utilizing the systems approach lies in the fact that client-systems and their resources can be tapped and developed through open, honest collaboration in the change effort. Increasingly, social workers in schools are planning their interventions at the level that they believe will be the most effective.

SYSTEMS APPLICATIONS

More recently, school social workers began to take a systems-approach look at ways in which they could assist teachers and other school personnel in programs designed for the behaviorally disordered. Services to the child, family, school and community based on the systems model are inextricably tied together, necessitating a concentration in four interrelated areas:

1. Individual counseling and therapy with students;
2. Working with parents individually and in groups;
3. Liaison work with community agencies (mental health boards, day care centers, county social services and private social service agencies);
4. Ongoing planning within school districts to remove barriers to interaction.

It must be kept in mind that the focus is applied to social problems; the goal is to enable all systems to work collaboratively. The targets are not just the pupils and parents but the environments within which they function. The source of difficulty is not the individual but the complete range of systems that impinge upon the individual; therefore, the school social worker's task is planned change via data collection, analysis and intervention. This provides a wide range of activities and flexibility and allows the school social worker to utilize special skills and background experiences for problem solution.

Individual counseling with the student should encompass the development of the following:

1. Strategies to enhance the social skills and overall functioning of the student as it relates to the environments in which he or she must operate;
2. Individual short-term contracts that help improve student/teacher interactions;
3. Employment programs (individually tailored) that enhance the self-concept of the student;

4. Strategies for changes in the environment (school, neighborhood, family) to enable the student to reach his or her individual potential.

These activities, of course, must occur in addition to the crisis intervention with the student whom the teacher determines must be removed temporarily from the classroom setting. Continuing consultation with the student's teacher is vital to the success of all such efforts. Threaded throughout the individual work with the student should be strong efforts to maintain and coordinate problem-solving action plans to provide continuity of educational programs for students as they move from special programs to regular programs and vice versa.

When working with parents, the school social workers should pursue avenues to help parents become more involved with their child's school program. Parents can learn to be more responsive and responsible in utilizing strategies to help carry out portions of the child's school program. Parents can be encouraged to give vent to some of the frustrations regarding their child's handicap and can be guided to help them understand and accept their child's handicap. Of prime significance in this area can be the school social worker's efforts to improve functioning within the family construct, specifically where conflicts have contributed to the child's problematic behavior and loss of effective functioning in the classroom. In this respect, it also will be helpful to provide parents with techniques and strategies to be utilized at home to facilitate positive behaviors for themselves and for the student.

An essential overlay to individual group work and casework with both student and parent is the liaison between school, home and community. The school social worker should be the hub for promoting coordination and cooperation between school and community. School social work training enables us to bring a wider perspective to bear on individuals, eco-systems and the community as a whole. Through the application of social planning skills and social policy formulation, the social worker can improve the social conditions of the child in his or her environment. This means increased communication with juvenile courts, protective services and alternate care workers. Last, but not least, the school social worker should provide successful referral of selected family members to community resources when outside diagnosis and/or treatment is necessary. The school social worker also can assist in the effective transition of a child from a community inpatient treatment setting to a school-based behavioral disordered program and vice versa. To complete this matrix school social workers can serve as receptors in the community, able to anticipate emerging community needs as they relate to the ongoing planning within school districts.

School social work for the future can be a process that utilizes the dynamics of interactions taking place within the matrix of the individual, group (family and classroom) and the larger eco-system. It does not need to be limited to one treatment modality, nor restricted to a given issue. Life options provided for students should be wide open and flexible. Make no mistake, we are not suggesting a "super school social worker image". We are talking about prioritizing and then, within the priorities chosen, addressing a wide range of interlocking systems in order to help students develop to their greatest potential as individuals. We cannot be all things to all people. We therefore must begin to prioritize the work and place our efforts on several key issues or on those issues that have the greatest impact on a given problem. We are talking about a systems approach, already being utilized in some places. Such a systems perspective can be utilized further to develop more viable forms of social service delivery. This larger perspective offers practitioners an opportunity to expand creative practice.

GOALS FOR THE 1990S

What are some of the goals for which we should strive in the 1990s?

1. Problem-solving rather than case-by-case management;
2. Selection of interventions based on priority need rather than administrative tradition;
3. Attention to interrelated problem situations rather than individual cases;
4. Collaborative rather than hierarchical relationships;
5. Team rather than individual activity;
6. Written contracts embodying mutually agreed-upon problems, goals and plans rather than referral dictums;
7. Practitioner assignments based upon problem priorities;
8. Enhanced valuing of our services and decreased job frustration.

STRATEGIES FOR CHANGE

Outlined below are some strategies that may lead to new and emerging practice potentials. We must do the following:

1. Utilize our organizational skills to bring a balance of common sense to an educational system that has not yet fully integrated the

cognitive and the affective.

2. Advocate with others to help produce a national public policy that addresses the inequities inherent in poverty, family breakdown, discrimination and unemployment, and other victimization.

3. Help our community agencies form unusual alliances for developing meaningful approaches to providing the needed community-based family support services.

4. Team with teachers to write special curriculum materials in the affective domain and area of social skills, keying in on curricula that deal with the reduction of specific negative behaviors.

5. Set aside one-half hour per week for 4 weeks and utilize that half hour to team with BD teachers about possible new approaches in working effectively with BD students. Don't try to implement them--just write them down. At the end of the 4 weeks, prioritize these and then brainstorm activities to implement the ideas.

6. Utilize natural helping systems. Utilize the expertise and intuition of the teachers, clients and their families rather than thinking we have to supply all the answers.

7. Exercise planned change via data collection and analysis of intervention strategies before application.

8. Implement a simple evaluation-assessment procedure to determine what "works".

DISCUSSION

We can pool our resources so that children and families receive the greatest possible benefits from available services. If we engage only in the hierarchical, competitive tactics so prevalent in the larger society, we only increase oppression and do not contribute to the alleviation of suffering produced by the stresses of that larger society. The systems approach is central to this very thinking in that it makes no assumption that the individual is the culprit; it allows us to take risks in challenging the system and the status quo. Above all, it advocates for self-determination by allowing the individual to participate and collaborate in decision-making.

As we move forward, we need to remember that we already have numerous proven, effective strategies for change based on sound theory and that we are continually working creatively to develop more. We can trust our collective expertise and energy. We possess the know-how; we must now trust ourselves to use what we know.

ABOUT THE AUTHOR

I. Lorraine Davis, MSSW, is the state consultant for School Social Work Services, Bureau for Pupil Services, Wisconsin Department of Public Instruction, Madison, Wisconsin.

AUTHOR NOTES

The author acknowledges the contribution made by Mary Seitz, a school social work practitioner in the Eau Claire School District, Wisconsin.

REFERENCES

Costin, L. B. (1975). School social work practice: A new model. Social Work, 20, 135-139.

Heus, M. (1975). A problem-focused, generalist approach to social work in the public school setting. Working paper. Madison, WI: University of Wisconsin, School of Social Work.

Meares, P. A. (1981). Educating social workers for specialization. Social Work in Education, 3(2), 36-52.

Pincus, A., & Minahan, A. (1973). Social work practice: Model and method. Itasca, IL: F. E. Peacock.

Radin, N. (1975). A personal perspective on school social work. Social Casework, 56, 605-613.

Spitzer, K., & Welsh, B. (1969). A problem focused model of practice. Social Casework, 50, 323-329.

Weatherley, R. (1978). Educating for survival in the school bureaucracy. Social Work in Education, 1(1), 19-28.